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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000073186

1. Corporation Name

TWISTY CONE, INC.

1	•									
Principal Place	e of Business	Mailing Address				(108)168, 118 (61)0 01)1( 20)13 04111 00			-110 -111 1021	
1615 GEORGIA ST NE		1615 GEORGIA ST NE								
PALM BAY FL 32907		PALM BAY FL 32907				DO NOT WOITE IN	LTHIC COACE			
บร		US				DO NOT WRITE IN	THIS SPACE	-		
						3. Date Incorporated or Qualifed 09/04/1996				
<ol><li>Principal Pl</li></ol>	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	+	lied For	
21		26				59-3397749		<del> </del>	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>75</b> Adee Req	dditional juired	
City & State	ė	City & State			<del></del>	6. Election Campaign Financing	\$5	.00 A	lay Be	
23		28	•			Trust Fund Contribution		ded to		
Zìp	Country Zip Co			untry		This corporation owes the current y     Personal Property Tax.	ear Intangible	. 1	AND I	
24	9. Name and Address of Curre	nt Registered Agent	[30]	η		10. Name and Address of New Regis				
	9. Name and Address of Curre	ut Kedistatan Adaut		81	Name	10. Harris arta Austreas of New Hoge				!
O'Bi	RIEN, JAMES M									
1686	W HIBISCUS BLVD		82	Street Address (P.O. Box Number is Not Acceptable)						
MEL	BOURNE FL 32901			83						
				84	City		FL 85	Zip C	ode	i II
44 Duraniant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes "the:	ahove-r	named col	rporation submits this statement for the purp	ose of changir	ng its n	egistered= :	
l office or re	egistered agent, or both, in the State	e of Flo⊓da. Such change was a	autnonze	ea by in	ne corpora	tion's board of directors. I hereby accept the	appointment	as regi	istered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	onda Sta	tutes.		,			i	!
SIGNATURE										
	51 I I I I I I I I I I I I I I I I I I I	and and title if analisable (MOT	C: Degistere	d Agent e	ionatura radui	ired when rejustating)	ATE			ہ ا
	Signature, typed or printed name of registered ag				signature requi		RS AND DIRE	CTOF	RS IN 12	ć
12.	OFFICERS A	ent and title if applicable (NOT ND DIRECTORS	13.	-		red when reinstating)  ADDITIONS/CHANGES TO OFFICE			RS IN 12	00,
12.	OFFICERS A	ND DIRECTORS	13. 1.1 (	TITLE P			RS AND DIR		_	(00, 77, 70
12. TITLE NAME	OFFICERS A  D THARP, MICHELLE	ND DIRECTORS	13. 1.1 T	TITLE P	,s		RS AND DIR		_	.004 /44 /007
12. TITLE NAME STREET ADDRESS	OFFICERS A  D THARP, MICHELLE 3325 MEADOWRIDGE DR	ND DIRECTORS	13. 1.1 7 1.2 M 1.3 S	TITLE P	DDRESS		RS AND DIR		_	(00,44,000,000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  D THARP, MICHELLE	ND DIRECTORS	13. 1.1 7 1.2 N 1.3 S 1.4 C	TITLE P	DDRESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	ange	_	(00,44,44,000
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS A  D THARP, MICHELLE 3325 MEADOWRIDGE DR	DELETE  DELETE	133 1.17 1.2N 1.38 1.40 2.17 2.2N 2.35 2.44 3.17 3.2N 3.35 3.4.11 4.21 4.38 4.40 5.11 5.2N 5.38	NAME STREET AL CITY-ST-ITLE NAME	DDDRESS ZIP DDDRESS ZIP DDDRESS ZIP DDDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	Chi	ange ange	Addition  Addition  Addition	(00170) 100000
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS A  D THARP, MICHELLE 3325 MEADOWRIDGE DR	DELETE	133 1.17 1.2N 1.3 S 1.4C 2.17 2.2N 2.3 S 2.44 3.17 3.2N 3.3 S 3.4. 4.17 4.21 4.3 S 4.4C 5.17 5.2N 5.3 S 5.4C 6.17	NAME STREET AL CITY-ST-2 TITLE VAME STREET AL CITY-ST- TITLE	DDDRESS ZIP DDDRESS ZIP DDDRESS ZIP DDDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	ange ange	Addition  Addition  Addition	(00,11) Loguedo
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS A  D THARP, MICHELLE 3325 MEADOWRIDGE DR	DELETE  DELETE	133 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.44 3.11 3.2N 3.3S 3.4. 4.11 4.21 4.3S 4.4C 5.11 5.2N 6.3S 5.4C 6.11	NAME STREET AL CITY-ST-ITLE NAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	Chi	ange ange	Addition  Addition  Addition	741000

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607; Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CfTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

(40)676-3090 Daylime Phone #