

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000075205**

1. Corporation Name
TWISTERS, INC.

Principal Place of Business
**825 FELLSMERE ROAD
SEBASTIAN FL 32958**

Mailing Address
**551 SUNDANCE TRAIL
INDIAN RIVER SHORES FL 32963**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90131 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

59-3402419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **865 RIVER TRAIL**

2a. Mailing Address

26 **865 RIVER TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **INDIAN RIVER SHORES, FL**

City & State

28 **INDIAN RIVER SHORES, FL**

Zip

24 **32963**

Country

25 **USA**

Zip

29 **32963**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CHASE, WILLIAM J
551 SUNDANCE TRAIL
INDIAN RIVER SHORES FL 32963**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

865 RIVER TRAIL

83

84 City

INDIAN RIVER SHORES FL

85 Zip Code

32963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
CHASE, WILLIAM J
551 SUNDANCE TRAIL
INDIAN RIVER SHORES FL 32963**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
EVENSEN, ELLEN
551 SUNDANCE TRAIL
INDIAN RIVER SHORES FL 32963**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
CHASE, LISA B
5665 MARINER DR.
SEBASTIAN FL 32958**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**865 RIVER TRAIL
INDIAN RIVER SHORES FL 32963**

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**865 RIVER TRAIL
INDIAN RIVER SHORES, FL 32963**

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**844 SEMINOLE LANE
INDIAN RIVER SHORES, FL 32963**

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 supplemental 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 or 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.

SIGNATURE:

WILLIAM J. CHASE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 561-584-0363
Date Daytime Phone #

CR2E034 (1/98)

0118252