## 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 # P96000089175

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Principal Place of Business	Mailing Address	
201 ZEAGLER DRIVE PALATKA FL 32177	201 ZEAGLER DRIVE PALATKA FL 32177	

## Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90006 009 \*\*\*150.00

TW RESI	Dential Enterprises, inc	CORI	PORATED					
Principal Place	of Business	Ma	ailing Address					I (BBICERI AIN CÉILE BITH ABH) BBITH BBH SAIDL IBH BEAN HEAL HEAL SIGH I SOOL BH LEAD.
201 ZEAGLER DRIVE 201 ZEAGLER DRIVE PALATKA FL 32177 PALATKA FL 32177							DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed 10/30/1996
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number Applied For
:1		26						59-3412773   Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & State	<del>)</del>	28	City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country 25	29	Zip	30	Country			8. This corporation owes the current year Intangible Personal Property Tax.   No
	9. Name and Address of Current	Regis	tered Agent					10. Name and Address of New Registered Agent
257   EAST	DADE, WILLIAM E III RIVER DRIVE PALATKA FL 32131		·		81 82 83 84	City		ss (P.O. Box Number is Not Acceptable)  FL   85   Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid	ia. Such change was a	luthori	zed by	the corpo	corpor	ration submits this statement for the purpose of changing its registered 's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent					t signature r	equired v	when reinstating) DATE
12.	OFFICERS AND	DIRE		_	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1	1 TITLE			☐ Change ☐ Addition
NAME	WHITTAKER, JAMES P			1	2 NAME			
STREET ADORESS	RT. 5 BOX 1838				1.3 STREET ADDRESS			
CITY-ST-ZIP	PALATKA FL 32177			1	4 CITY-ST	Γ-ZIP		
TITLE	STD		☐ DELETE	2	1 TITLE			☐ Change ☐ Addition
NAME	TORODE, WILLIAM E III			2	2 NAME			

OFFICERS AND DIRECTORS 12. 13. PD ☐ DELETE 1.1 TITLE TITLE WHITTAKER, JAMES P 1.2 NAME NAME RT. 5 BOX 1838 1.3 STREET ADDRESS STREET ADORES: PALATKA FL 32177 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE TORODE, WILLIAM E III 22 NAME 257 RIVER DRIVE STREET ADDRESS 2.3 STREET ADORESS EAST PALATKA FL 32131 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE TORODE, JUDY B 3.2 NAME NAME 3.3 STREET ADDRESS 257 RIVER DRIVE STREET ADDRESS EAST PALATKA FL 32131 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE. NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

Signai SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR