

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091080 (7)

1. Corporation Name
TRANSWORLD XXIX, INC.

Principal Place of Business

8400 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

Mailing Address

8400 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

FILED

98 JUN 29 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-6419614

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 10010 SKINNER LAKE DR

Suite, Apt. #, etc.

22 APT # 137

City & State

23 Jacksonville, FL

Zip

24 32246

Country

25 U.S.A.

2a. Mailing Address

26 10010 SKINNER LAKE DR

Suite, Apt. #, etc.

27 APT # 137

City & State

28 Jacksonville, FL

Zip

29 32246

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ELEFANT, FRED
1850 PRUDENTIAL DR
SUITE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 RICHARD G. HATHAWAY
83 Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
84 Bldg 100 - Suite 250
85 City
JACKSONVILLE
86 State
FL
87 Zip Code
32246

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)

6-11-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D TROWBRIDGE, KEITH	8400 BAYMEADOWS WAY	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	P WARREN K. TROWBRIDGE	10010 SKINNER LAKE DR UNIT 137	JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	LES CAPELLA	10010 SKINNER LAKE DR UNIT 137	JACKSONVILLE, FL 32246	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/97)