

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000013726 (9)

1. Corporation Name

TWIN RIVERS COMPANY, INC.

Principal Place of Business

225 ELMORE STREET
BLOUNTSTOWN FL 32424

Mailing Address

POST OFFICE BOX 464
BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

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 4911 N.W. 75th Lane

Suite, Apt. #, etc.

22

City & State

23 Gainesville, FL

Zip

24 32653

Country

25 U.S.A.

2a. Mailing Address

26 4911 N.W. 75th Lane

Suite, Apt. #, etc.

27

City & State

28 Gainesville, FL

Zip

29 32653

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BROCK, MARGARET Z
224 ELMORE STREET
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name

Ronald H. Zebedee

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

4911 N.W. 75th Lane

83

84 City

Gainesville

FL

85 Zip Code

32653

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

4/20/98

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 PD ☒ DELETE

NAME BROCK, MARGARET Z
STREET ADDRESS 224 ELMORE STREET
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 PD ☒ Change ☐ Addition

1.2 NAME Ronald H. Zebedee
1.3 STREET ADDRESS 4911 N.W. 75th Lane
1.4 CITY-ST-ZIP Gainesville, FL 32653

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME John A. Zebedee, Esq.
2.3 STREET ADDRESS Emancipation Garden Station
2.4 CITY-ST-ZIP Charlotte Amalie, U.S. VI 00804

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

SIGNATURE

CR2E034 (10/97)