


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90234 037 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000018900**

1. Corporation Name

**TWC NINETY-FIVE, INC.**

Principal Place of Business

**6200 COURTNEY CAMPBELL CAUSEWAY**  
**SUITE 600**  
**TAMPA FL 33607**

Mailing Address

**6200 COURTNEY CAMPBELL CAUSEWAY**  
**SUITE 600**  
**TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/28/1997**

4. FEI Number

**59-3445523**

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MCDONOUGH, BRAIN J**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER STREET**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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	<b>DPTS</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSON, JACK</b>	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #600</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>KOEHLER, D F</b>	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, M 600</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WELCH, G E</b>	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, 600</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWERS, C G</b>	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, 600</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

  
**Debra F. Koehler**  
**Senior Vice President**

Date

Daytime Phone #

CR2E034 (11/98)