

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90131 017 ***150.00

DOCUMENT # P97000077914

1. Entity Name
TWC NINETY-THREE, INC.



Principal Place of Business
**655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602**

Mailing Address
**655 NORTH FRANKLIN STREET, SUITE 2200
SUITE 600
TAMPA, FL 33602**

14020884



01292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER ST MIAMI, FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILSON, JACK 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILSON, CAROLYN M. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOEHLER, D F 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO S STOREY, BRENDA H. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELCH, G E 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWERS, C G 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda H. Storey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brenda H. Storey
Chief Financial Officer

4/26/04
Date Daytime Phone #