

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90211 029 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000100985

1. Corporation Name
TWIN STATE, INC.

Principal Place of Business
4410 NORTH LOIS ST.
TAMPA FL 33614

Mailing Address
4410 NORTH LOIS ST.
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number **59-352-1074**

Applied For

NOT APPLICABLE

No Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

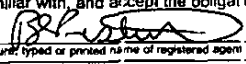
HART, DAVID J
100 N. BISCAYNE BLVD. STE. #2600
MIAMI FL 33132

81 Name **BRANDO H. PISTORIUS**

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

83 **4410 N. LOIS ST.**84 City **TAMPA**85 Zip Code **FL 33614**

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 **05/14/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **VAN DEN BERG, ANTON**
 STREET ADDRESS **4410 NORTH LOIS ST.**
 CITY-STATE-ZIP **TAMPA FL 33614**

TITLE **V** ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **VAN DEN BERG, ANTON**
 1.3 STREET ADDRESS **4410 N LOIS ST.**
 1.4 CITY-STATE-ZIP **TAMPA FL 33614**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **BRANDO H PISTORIUS**
 2.3 STREET ADDRESS **4410 N LOIS ST.**
 2.4 CITY-STATE-ZIP **TAMPA FL 33614**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-STATE-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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. H. PISTORIUSDATE **04/16/99** (813) 9179205

CR2E034 (11/98)