

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90013 044 \*\*\*550.00

DOCUMENT # **P98000016237**

1. Corporation Name

**T & W ENTERPRISES OF SARASOTA INC.**



Principal Place of Business  
**6152 NICOLE DRIVE  
SARASOTA FL**

Mailing Address  
**6152 NICOLE DRIVE  
SARASOTA FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/16/1998**

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **6152 Nicole Dr.**

2a. Mailing Address

26 **6152 Nicole Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **SARASOTA FL**

City & State

28 **SARASOTA FL**

Zip

24 **34243**

Country

25 **SARASOTA**

Zip

29 **34243**

Country

30 **SARASOTA**

9. Name and Address of Current Registered Agent

**FULGHUM, TOM  
6152 NICOLE DRIVE  
SARASOTA FL**

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 **Tom Fulghum**

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/30/99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V.P. - Secretary	Wanda Sauls	6152 Nicole Dr.	SARASOTA, FL 34243	<input type="checkbox"/>
V.P. - Treas.	Kyle Gingham	6152 Nicole Dr.	SARASOTA, FL	<input type="checkbox"/>
Pres	Tom Fulghum	6152 Nicole Dr.	SARASOTA, FL 34243	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<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.

SIGNATURE: **Tom Fulghum**

**7/30/99**

**800-470-9550**

CR2E034 (5/99)