

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

02-27-1999 90009 001 \*\*\*150.00

DOCUMENT # P98000064599

1. Corporation Name  
TWIN CITY NEWS, INC.

Principal Place of Business  
103 7TH AVE. W.  
HAVANA FL 32333

Mailing Address  
103 7TH AVE. W.  
HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/22/1998

4. FEI Number  
59-3524795

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

21 314 W. Washington St.

Suite, Apt. #, etc.

22

City & State  
Chattahoochee, FL

Zip Country  
32324 USA

24

2a. Mailing Address

26 P.O. Box 505

Suite, Apt. #, etc.

27

City & State  
Chattahoochee, FL

Zip Country  
32324 USA

29

9. Name and Address of Current Registered Agent

BERT, JOHN N  
103 7TH AVE. W.  
HAVANA FL 32333

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERT, JOHN N  
103 7TH AVE. W.  
HAVANA FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERT, ANNE T  
103 7TH AVE. W.  
HAVANA FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETED

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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:

*John N. Bert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

850-537-6586

Daytime Phone #

CR2E034 (11/98)