

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  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90101 031 \*\*\*150.00

DOCUMENT # P98000099034

1. Corporation Name  
TALWOOD, INC.

Principal Place of Business  
4123 SO. ORANGE BLOSSOM TR.  
ORLANDO FL 32839

Mailing Address  
4123 SO. ORANGE BLOSSOM TR.  
ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1998

4. FEI Number

59-354-5012

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 8011 N. Himes Ave

22 Suite, Apt. #, etc.  
Suite 1

City & State

23 Tampa, Florida

Zip

24 33614

Country

25 Hillsborough

2a. Mailing Address

26 Same as in 2

Suite, Apt. #, etc.

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

TALAVERA, LOUIS F

4123 SO. ORANGE BLOSSOM TR.

ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name

Talavera, Louis F.

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

2710 W. St. Louis St.

83

Tampa, Fl. 33607

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 D ☒ DELETE

NAME UNDERWOOD, WENDELL M

STREET ADDRESS 4123 SO. ORANGE BLOSSOM TR.

CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☒ DELETE

NAME TALAVERA, LOUIS F

STREET ADDRESS 4123 SO. ORANGE BLOSSOM TR.

CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME President/Director

13 STREET ADDRESS Erick A. Grana

14 CITY-ST-ZIP 8011 N. Himes Ave, Ste 1

2.1 TITLE ☒ Change ☐ Addition

22 NAME Vice-President/Director

23 STREET ADDRESS Wendell M. Underwood

2.4 CITY-ST-ZIP 8011 N. Himes Ave, Ste 1

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Secretary/Treasurer/Director

3.3 STREET ADDRESS Louis F. Talavera

3.4 CITY-ST-ZIP 8011 N. Himes, Ste 1

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Louis F. Talavera, Secretary 813/353-3013

CR2E034 (11/98)