

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90132 026 ***150.00

DOCUMENT # P99000019720

1. Entity Name
TWC NINETY-NINE DEVELOPMENT, INC.



Principal Place of Business
**655 N FRANKLIN ST., SUITE 2200
TAMPA, FL 33607**

Mailing Address
**655 N FRANKLIN ST., SUITE 2200
TAMPA, FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3561424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE: **DPT** ☒ Delete
NAME: **WILSON, JACK**
STREET ADDRESS: **655 N FRANKLIN ST., SUITE 2200**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: **VS** ☒ Delete
NAME: **KOEHLER, DEBRA F**
STREET ADDRESS: **655 N FRANKLIN ST., SUITE 2200**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: **V** ☒ Delete
NAME: **WELCH, GARY E**
STREET ADDRESS: **655 N FRANKLIN ST., SUITE 2200**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: **V** ☒ Delete
NAME: **BOWERS, CHRISTOPHER G**
STREET ADDRESS: **655 N FRANKLIN ST., SUITE 2200**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DPT** Change ☒ Addition
NAME: **Wilson, Carolyn M**
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **CFOS** Change ☐ Addition
NAME: **Storey, Brenda H**
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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
Brenda H. Storey
Chief Financial Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #