2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P99000028650 1. Entity Name TWC FIFTY-EIGHT, INC.						05-02-2005	90381 (007 ***150	0.00
Principal Place of	Business	Mailing Address							
655 N FRANKLIN ST		655 N FRANKLIN ST							
STE 2200		STE 2200							
TAMPA, FL 3360	02	TAMPA, FL 33602			11140111	IBIFB IZIN BUNI BUNI ABII		IZING ZINGA AKAN BAN	1201 H 1001
Principal Place of Business		3. Mailing Address							
Suite, Apt, #, etc.		Suite, Apt. #, etc.			04212005	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Number 59-3549				ptied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MICHELL CYCRUEN I				Name					
MITCHELL, STEPHEN J 201 N. FRANKLIN ST., STE. 2100				Brenda H. Storey Street Address P.O. Box Number is Not. Acceptable) Street, Suite 2200					
TAMPA, FL 33602			Tampa, FL 33602						
				rumpa, i	L 33002				
				City			FI	Zip Code)
8. The above nam	ned entity submits this statement for	the purpose of changing its	registere	Led office or register	ed agent, or both	n, in the State of Flo		familiar with,	and accept
	of registered agent.	2,			•			_	
SIGNATURE	Brenda H. X	toren				4	-22	-05	
	ature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E. Registere	d Agent signature required	when reinstating)	•	DATE		
	IOW!!! FEE IS \$150.00 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AN	D DIRECTORS	SIN 11
TITLE DF		☐ Delete	mu	1				Change	Addition
NAME WILSON, CAROLYN M			NAM	1					
STREET ADDRESS 655 N FRANKLIN ST., STE 2200 CITY-ST-ZIP TAMPA, FL 33602				ET ADDRESS -ST-ZIP					
L	FOS	Delete	TITLE					☐ Change	Addition
	TOREY, BRENDA H	L_1 Delete	NAMI	i				[] Change	☐ Addition
	55 N FRANKLIN ST., STE 2200			ET ADDRESS					
	AMPA, FL 33602		CITY	-ST-ZIP					
TITLE									
		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		☐ Delete	TITLE NAM!	I				☐ Change	☐ Addition
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indicated on this report or supplemental report is true and accurate and triat 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.

IGNATURE:

| Compared | Co

SIGNATURE:

Chief Financial Officer