

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S36795 (0)

1. Corporation Name

TWIN MAC EQUIPMENT OF FLORIDA, INC.

Principal Place of Business

3720 U.S. HWY 19 S
NEW PORT RICHEY FL 34652

Mailing Address

3720 U.S. HWY 19 S
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/11/1991

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21 5401 US 19 S

23. Mailing Address

26 as of May 1/95

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

NEW PORT RICHEY

28 City & State

24 Zip

34652

25 Country

USA

29 Zip

30 Country

4. FEI Number

59-3062261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHURMAN, LYNDA
4142 EDGEWOOD DRIVE
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607 0602 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 (Must be printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when registering.

NAME

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

P
SCHURMAN, LYNDA
4142 EDGEWOOD DR.
HOLIDAY FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VST
TWINNEY, BARBARA
13129 HANLEY DR.
SPRING HILL FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), 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:

Lynnda Schurman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25/95 813-842-7388
Date Daytime Phone