

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S78013** (7)

1. Corporation Name

**TWIN ACTION CONSTRUCTION, INC.**



Principal Place of Business

**2910 KERRY FOREST PKWY  
A-10  
TALLAHASSEE FL 32308  
US**

Mailing Address

**2910 KERRY FOREST PKWY  
A-10  
TALLAHASSEE FL 32308  
US**

3. Date Incorporated or Qualified  
**09/05/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2930 Wellington Circle**

26 **2930 Wellington Circle**

4. FEI Number  
**59-3102147**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 201**

27 **Suite 201**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32308**

25 **USA**

29 **32308**

30 **USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOBBS, ROGER D.  
1538 METROPOLITAN BOULEVARD  
TALLAHASSEE FL 32308**

81 Name

**Roger K. Hobbs**

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

**8559 Congressional Drive**

83

84 City

**Tallahassee, FL**

FL

85 Zip Code

**32312**

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

*Roger K. Hobbs, V.P.*

(NOTE: Registered Agent signature required when reinstating)

*2-22-96*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☒ DELETE  
NAME **BUFKIN, W JOSEPH**  
STREET ADDRESS **2910 KERRY FOREST PKWY., A-10**  
CITY-STATE-ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE **VTD** ☐ DELETE  
NAME **HOBBS, ROGER K**  
STREET ADDRESS **2910 KERRY FOREST PKWY., A-10**  
CITY-STATE-ZIP **TALLAHASSEE FL**

2.1 TITLE **P/T/D** ☒ Change ☐ Addition  
2.2 NAME **Ronald H. Hobbs**  
2.3 STREET ADDRESS **2930 Wellington Circle, Suite 201**  
2.4 CITY-STATE-ZIP **Tallahassee, FL 32308**

TITLE **D** ☐ DELETE  
NAME **HOBBS, RONALD H.**  
STREET ADDRESS **2910 KERRY FOREST PKWY., A-10**  
CITY-STATE-ZIP **TALLAHASSEE FL**

3.1 TITLE **V/S/D** ☒ Change ☐ Addition  
3.2 NAME **Roger K. Hobbs**  
3.3 STREET ADDRESS **2930 Wellington Circle, Suite 201**  
3.4 CITY-STATE-ZIP **Tallahassee, FL 32308**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(k), 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:

*Roger K. Hobbs, V.P.*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-22-96*  
Date

*904-433-0040*  
Daytime Phone #

CR2E034 (12/95)