

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S78013** (7)

1. Corporation Name
TWIN ACTION CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**2830 WELLINGTON CIRCLE
STE 201
TALLAHASSEE FL 32308
US**

**2830 WELLINGTON CIRCLE
STE 201
TALLAHASSEE FL 32308-6878
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/05/1991

3a. Date of Last Report

02/27/1996

4. FEI Number

59-3102147

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**HOBBS, ROGER D.
8559 CONGRESSIONAL DR
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name **Hobbs, Roger K.**

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

2-18-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	BUFKIN, W JOSEPH	
STREET ADDRESS	2830 WELLINGTON CIRCLE STE 201	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	XVSD	<input type="checkbox"/> DELETE
NAME	HOBBS, ROGER K	
STREET ADDRESS	=2810 KERRY FOREST PKWY, A-10	
CITY-ST-ZIP	=TALLAHASSEE FL	
TITLE	=PTD=	<input type="checkbox"/> DELETE
NAME	HOBBS, RONALD H.	
STREET ADDRESS	=2830 WELLINGTON CIRCLE STE 201	
CITY-ST-ZIP	=TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	2930 Wellington Circle, Suite 201		
2.4 CITY-ST-ZIP	Tallahassee, FL 32308		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS	2930 Wellington Circle, Suite 201		
3.4 CITY-ST-ZIP	Tallahassee, FL 32308		
4.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Hobbs, Carolyn F.		
4.3 STREET ADDRESS	2930 Wellington Circle, Suite 201		
4.4 CITY-ST-ZIP	Tallahassee, FL 32308		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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.

SIGNATURE:

Roger K. Hobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97
Date

904-400-0840
Daytime Phone #

CR2E034 (9/96)