

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V13883 (6)

1. Corporation Name

TWENTY LILES STREET, INC.



Principal Place of Business

ONE BEACH DRIVE S.E.  
SUITE 2414  
ST. PETERSBURG FL 33701

Mailing Address

ONE BEACH DRIVE S.E.  
SUITE 2414  
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

02/11/1992

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

21 20 Liles Street

2a. Mailing Address

26 P.O. Box 360

4. FEI Number

59-3109838

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

City & State

23 Terra Ceia, Fl.

City & State

28 Terra Ceia, Fl.

Zip

24 34250

Country

25 Manatee

Zip

29 34250

Country

30 Manatee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENT, LEWIS H.  
20 LILES STR, INC  
TERRA CEIA FL 34250

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DP  
KENT, LEWIS H.  
20 LILES STR  
TERRA CEIA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
KENT, RUTH D.  
20 LILES STR  
TERRA CEIA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
KENT, LEWIS D.  
775 34 AVE NO  
ST PETERSBURG FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
CRONK, ANNETTE KENT  
1926 BRIGHTWATERS BLVD.  
ST. PETERSBURG FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
WELCH, JO ANN  
534 34TH AVENUE NORTH  
ST. PETERSBURG FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

6.1 TITLE 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96

Date

813-8224317

Daytime Phone #

CR2E034 (12/95)