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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **741782** **(7)**

1. Corporation Name
TWO BY TWO, INC.

Principal Place of Business	Mailing Address
104 CYPRESS PT DR. NAPLES FL 33942	104 CYPRESS PT DR. NAPLES FL 33942

3. Date Incorporated or Qualified: 02/23/1978

4. FEI Number: 59-1988343 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3435 10Th ST. N	26 3435 10Th ST. N.
Suite, Apt. #, etc. 22 #301 c/o Richard Gorga	Suite, Apt. #, etc. 27 #301 c/o Richard Gorga
City & State 23 Naples FL	City & State 28 Naples
Zip 24 34103 Country 25 USA	Zip 29 FL Country 30 USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~REZNOR, MARY~~ ~~1316 RORDON AVE~~ ~~NAPLES FL 33940~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 197 SILVERADO DRIVE 83 84 City: Naples FL 85 Zip Code: 34119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Mary R Braun 4-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FORD, ELINOR		1.2 NAME	ELINOR FORD	
STREET ADDRESS	2088 ALAMANDA DR		1.3 STREET ADDRESS	2088 alamanda Dr.	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL 34102	
TITLE	SD	☐ DELETE	2.1 TITLE	SD/TD	☒ Change ☐ Addition
NAME	BRAUN, MARY		2.2 NAME	Mary Braun	
STREET ADDRESS	1316 RORDON AVE		2.3 STREET ADDRESS	197 Silverado Dr.	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34119	
TITLE	PD	☒ DELETE	3.1 TITLE	VP	☒ Change ☒ Addition
NAME	KIDD, ERVIN J		3.2 NAME	ED Mellinger	
STREET ADDRESS	104 CYPRESS PT DR.		3.3 STREET ADDRESS	c/o 2096 Alamanda Dr	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples FL 34102	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIDD, MARGARET		4.2 NAME		
STREET ADDRESS	104 CYPRESS PT DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary R Braun 4/20/98 (941) 348-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #