

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90003 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741782					
1. Corporation Name TWO BY TWO, INC.					
Principal Place of Business 3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES FL 34103 US			Mailing Address 3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES FL 33942 US		

569717-90015-21

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/23/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1988343	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

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

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

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	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	FORD, ELINOR	1.2 NAME	
STREET ADDRESS	2088 ALAMANDA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	SDT	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAUN, MARY	2.2 NAME	
STREET ADDRESS	197 SILVERADO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34119	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	VP D	3.1 TITLE	☐ Change ☐ Addition
NAME	MELLINGER, ED	3.2 NAME	
STREET ADDRESS	C/O 2096 ALAMANDA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)