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Apr 21 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 # P95000083232 (5)

1. Corporation Name  
TWO JOE'S, INC.



Principal Place of Business

Mailing Address

19137 S TAMiami TRAIL  
FT. MYERS FL 33908  
US

7298 MORGAN RD  
FT. MYERS FL 33912  
US

3. Date Incorporated or Qualified  
10/27/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 7598 Morgan Rd  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, PETER F  
196137 S TAMiami TRAIL  
FT. MYERS FL 33908

81 Name

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

7598 Morgan Rd

83

84 City

Fort Myers

FL

85 Zip Code  
33912

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME WALKER, PETER F  
STREET ADDRESS 19133 S. TAMiami TRAIL  
CITY-ST-ZIP FT. MYERS FL

TITLE STD  
NAME WALKER, JOAN M  
STREET ADDRESS 19133 S. TAMiami TRAIL  
CITY-ST-ZIP FT. MYERS FL

TITLE PD  
NAME HALL, JOSEPH P  
STREET ADDRESS 19133 S. TAMiami TRAIL  
CITY-ST-ZIP FT. MYERS FL

TITLE D  
NAME HALL, CARLA  
STREET ADDRESS 19133 S. TAMiami TRAIL  
CITY-ST-ZIP FT. MYERS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 19137

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 19137

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS 19137

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS 19137

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

JOAN M. WALKER JOAN M. WALKER

4/15/97 267-0500

CR2E034 (9/96)