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 #

1. Corporation Name

Principal Place of Business

238841

(1)

NO. TWO BLOCK, INC.

Mailing Address

C/O R. D. SADLER. P. O. BOX 215 OAKLAND-WINTER GARDEN RD. OAKLAND FL 34760-0215 C/O R. D. SADLER. P. O. BOX 215 OAKLAND-WINTER GARDEN RD. OAKLAND FL 34760-0215 FILED Mar 18 1996 8:00 am Secretary of State



3. Date incorporated or Qualified

3a. Date of Last Report

US		U\$		07/25/1960	04/19/1995
2. Principal Plac	a of Business	2a. Mailing Address		4. FEI Number	Applied For
	9 Davides Stallwood	26 CID R DOW	olas SAILLE	7, 2 59-0923209	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	/ <u> </u>	5. Certificate of Status Desired	\$8.75 Additional
2 1108	R Douglas Sadluana Wines Berry CT	27 P.O. BOX	585326	3. Certificate of Status Desired	Fee Required
City & State	(1 A S	City & State	,,	C. C.O.M.E. General St.	\$5.00 May Be
3 O.COE	E, FL	28 ORLANDO,	FL	Trust Fund Contribution	Added to rees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under si 199.032, ⊱ ∏ No
4 3476/	25 //5	29 32858	30 45	Florida Statutes X Yes 10. Name and Address of New F	
	9. Name and Address of Current I	Registered Agent	B1 Name C		
			5	Adler R. DOW	GLAS OK.
SADLER	R, R. D		82 Street Ad	dress (P.O. Box Number is Not Accepted	ole)
• • • • • •	ND-WINTER GARDEN RD.		83	8 WINE BERRY	~
OAKLAN	ND FL 32760		**		
			84 City		FI 85 Zip Code
	007.0100	J 607 4500 Flavida Ctatutos		poration submits this statement for the pure	roose of changing its registered office
or registere	d about or both, in the State of Horida	. Such change was authorized	d by the corporation's bo	and of directors. I hereby accept the app	pointment as registered agent. I am
familiar with	i, and accept the obligations of, Section	1 607.0505, Florida Statutes.	20-50	. O. I.M. 1	
SIGNATURE _	R Doug LAG SAC Signature, Typed or up Tro name of rugistered agunt an	ILER JR.	the six based Assess Subsult we the	Julia wteu reinstituti	3.12-96
12.	Signature, typed or product ame of registered agent an OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	T	DELETE	1 THE P	PRESIDENT	Change Addition
NAME	SADLER, R DOUGLAS	₩3	1.2 NAME	SAGLER R Doug	LAS JR.
STREET ADDRESS	OAKLAND WINTER GRON RD		1.3 STREET ADDRESS	HOS Winn Bren	V CT
CITY-ST-ZIP	OAKLAND, FL 00000	_	1.4 CiTY - \$1 - ZIP	OCONG FL BEAR	4761
TITLE	VD	DELETE	2 1 TILE 5 7 .	SURRETARY & TRUASI	Change M Addition
NAME	SADLER, MAMIE	_	2.2 NAME	RELECCA SANIA	A HINTT
STREET ADDRESS	OAKLAND WINTER GRON RD)	23 STREET ADDRESS	5770 Hinam Pound	IN SPRING ROAD
CITY-ST-ZIP	OAKLAND, FL 00000		2.4 CITY+ST-ZIP	Rubecca Sadlu 5770 Hiram Powde Duder Eprings PA	30673
TITLE	PD	☐ DELETE	3 1 TITLE		Change Addition
NAME	SADLER, R DOUGLAD JR		3.2 NAME		
STREET ADDRESS	1108 WINEBERRY CT.		3.3 SIKEFT ADDRESS		
CITY-S1-ZIP	OCOEE FL		3 4 CITY - ST - ZIP		
TITLE	SD	DELETE	4 1 TITLE		Change Addition
NAME	MEYER, WILLIAM J	•	4.2 NAME		
STREET ADDRESS	157 GOLFCLUB DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 THE	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6 4 CiTY - ST - ZIP		
14. I do hereb	y certify that the information supplied w	ith this filing is voluntarily furni	shed and does not quali	fy for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further

14. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1 and a statutes. Filtries 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

3-12-96 Date 407-298-0526 Daytime Phone # R2E034 (12/95)