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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **238841**

(1)

1. Corporation Name

NO. TWO BLOCK, INC.

Principal Place of Business

**C/O R. D. SADLER, R. D. BOX 902
1108 WINE BERRY CT
34761 FL 34761
US**

Mailing Address

**P.O. Box 902
OCOE, FL
34761**

3. Date Incorporated or Qualified

07/25/1960

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 C/O Robert D. Sadler Jr.

Suite, Apt. #, etc.

22 1108 WINE BERRY CT

City & State

23 OCOEE, FL

Zip

24 34761

Country

25 ORANGE

2a. Mailing Address

26 P.O. Box 902

Suite, Apt. #, etc.

27 OCOEE

City & State

28 FL

Zip

29 34761

Country

30 ORANGE

4. FEI Number

59-0923209

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**SADLER, R. D
1108 WINEBERRY CT
OCOEEE FL 34761**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

P SADLER, R DOUGLAS

1108 WINEBERRY CT

OCOEEE FL

CITY - ST - ZIP

☐ DELETE

ST SADLER, REBECCA HIETT

5770 HIRAM POWDER SPRINGS RD

POWDER SPRINGS FL

CITY - ST - ZIP

☐ DELETE

PD SADLER, R DOUGLAS JR

1108 WINEBERRY CT.

OCOEEE FL

CITY - ST - ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Robert D. Sadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97
Date

407-298-0526
Daytime Phone #

0000100

CR2E034 (9/96)