

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90155 033 ***150.00

DOCUMENT # 371047

1. Corporation Name
TWO-T CORPORATION

Principal Place of Business

72 S.E. AVENUE E.
P.O. BOX 1390
BELLE GLADE FL 33430

Mailing Address

72 S.E. AVENUE E.
P.O. BOX 1390
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1970

4. FEI Number

59-1368448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THOMPSON JR, CURTIS A.
72 S.E. AVENUE E
BELLE GLADE FL 33430

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: *Curtis A. Thompson Jr.*
Signature, typed or printed name of registered agent and title, if applicable.

Curtis A. Thompson Jr.

4-13-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON JR, CURTIS A.
STREET ADDRESS 72 S.E. AVENUE E
CITY-ST-ZIP BELLE GLADE FL ☐ DELETE

TITLE TD
NAME THOMPSON, LYNETTE H.
STREET ADDRESS 1011 S.E. 3RD STREET
CITY-ST-ZIP BELLE GLADE FL ☒ DELETE

TITLE VPD
NAME THOMPSON, JOHN T
STREET ADDRESS 1417 N.W. AVENUE L
CITY-ST-ZIP BELLE GLADE FL ☒ DELETE

TITLE SD
NAME THOMPSON, JANE M.
STREET ADDRESS 1040 S.E. 3RD STREET
CITY-ST-ZIP BELLE GLADE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Curtis A. Thompson III
2.3 STREET ADDRESS Box 2227
2.4 CITY-ST-ZIP Clewiston, Florida 33440

3.1 TITLE VPD ☒ Change ☐ Addition
3.2 NAME Frank A. Thompson
3.3 STREET ADDRESS 216-7th Ave. N. E.
3.4 CITY-ST-ZIP St. Petersburg, Fl. 33701

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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: *Curtis A. Thompson Jr.* CURTIS A. Thompson Jr. 4-13-99 561-996-5264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)