FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731406 (5)

1. Corporation Name
TWO-ELEVEN CLUB, INC.

Principal Place of Business	Mailing Address
165 N. BABCOCK ST. MELBOURNE FL 32935	165 N. BABCOCK ST. MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1974
3a. Date of Last Report: 08/08/1994
4. FEI Number: 23-7453725 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 1277 Cypress Ave.	Suite, Apt. #, etc.: 27 1277 Cypress
City & State: 23 Melbourne FL	City & State: 28 Melbourne FL
Zip: 24 32935 Country: 25 Brevard	Zip: 29 32935 Country: 30 Brevard

9. Name and Address of Current Registered Agent

ANGUS, STUART
2157 BARRACUDA AVE.
MELBOURNE FL 32951

10. Name and Address of New Registered Agent

81 Name: Bradley William W
82 Street Address (P.O. Box Number is Not Acceptable)
83 649 Sioux Ave.
84 City: Melbourne FL 85 Zip Code: 32935

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: William M. Bradley 4-12-95
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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ANGUS, STUART	1.2 NAME	Bradley, William	
STREET ADDRESS	2157 BARRACUDA AVE.	1.3 STREET ADDRESS	649 Sioux Ave.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	Melbourne FL. 32935	
TITLE	VPD	2.1 TITLE	D	☑ Change ☐ Addition
NAME	KAYE, TIMOTHY	2.2 NAME	Cybul, LARRY	
STREET ADDRESS	735 SEVEN GABLES CIRCLE, SE	2.3 STREET ADDRESS	1360 Westovers St. Apt. 623	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Melbourne FL 32935	
TITLE	S	3.1 TITLE	T	☑ Change ☐ Addition
NAME	MURPHY, VICTORIA	3.2 NAME	Robeson, Donald	
STREET ADDRESS	2009 PENWOOD DRIVE	3.3 STREET ADDRESS	868 Daytona DR. NE	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	TD	4.1 TITLE	S	☑ Change ☐ Addition
NAME	KAYE, KELLY	4.2 NAME	Schoedler, Vickie	
STREET ADDRESS	753 SEVEN GABLES CIRCLE, SOUTHEAST	4.3 STREET ADDRESS	2680 Malabar Rd.	
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	Malabar FL. 32950	
TITLE	D	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	PEREZ, JACQUELIN	5.2 NAME	Coon, Floyd	
STREET ADDRESS	3550 ASPEN WAY	5.3 STREET ADDRESS	1121 Sparkman St.	
CITY-ST-ZIP	MELBOURNE FL 32934	5.4 CITY-ST-ZIP	Melbourne FL 32935	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	WEBB, MICHAEL	6.2 NAME	Webb, Michael	
STREET ADDRESS	2544 SARNO ROAD	6.3 STREET ADDRESS	2340 Delaware Drive	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Melbourne FL 32935	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Floyd Coon 4-12-95 407-242-9362
SIGNATURE AND TYPED OR PRINTED NAME OF MGMNG OFFICER OR DIRECTOR — Date — Daytime Phone #