

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F81852

(8)

1. Corporation Name

MARK TWO INVESTMENTS, INC.

Principal Place of Business

412 NE 16 AVE SUITE 45
GAINESVILLE FL 32601

Mailing Address

412 NE 16 AVE SUITE 45
GAINESVILLE FL 32601



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

CHAPMAN, LISA STORY
412 NE 16TH AVE SUITE 45
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

05/18/1982

3a. Date of Last Report

03/10/1995

4. FEI Number

59-2291994

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 607.1506, 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 of the person who is registered agent and the registered agent

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	P	12.1 NAME	JOHNSON, HERBERT	12.1 STREET ADDRESS	209 FIFTH STREET	12.1 CITY-ST-ZIP	HARRISVILLE MI
12.2 TITLE	[] DELETE	12.2 NAME		12.2 STREET ADDRESS		12.2 CITY-ST-ZIP	
12.3 TITLE	[] DELETE	12.3 NAME		12.3 STREET ADDRESS		12.3 CITY-ST-ZIP	
12.4 TITLE	[] DELETE	12.4 NAME		12.4 STREET ADDRESS		12.4 CITY-ST-ZIP	
12.5 TITLE	[] DELETE	12.5 NAME		12.5 STREET ADDRESS		12.5 CITY-ST-ZIP	
12.6 TITLE	[] DELETE	12.6 NAME		12.6 STREET ADDRESS		12.6 CITY-ST-ZIP	
12.7 TITLE	[] DELETE	12.7 NAME		12.7 STREET ADDRESS		12.7 CITY-ST-ZIP	
12.8 TITLE	[] DELETE	12.8 NAME		12.8 STREET ADDRESS		12.8 CITY-ST-ZIP	
12.9 TITLE	[] DELETE	12.9 NAME		12.9 STREET ADDRESS		12.9 CITY-ST-ZIP	
12.10 TITLE	[] DELETE	12.10 NAME		12.10 STREET ADDRESS		12.10 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.1 NAME	13.1 STREET ADDRESS	13.1 CITY-ST-ZIP	13.1 TITLE	13.1 NAME	13.1 STREET ADDRESS	13.1 CITY-ST-ZIP
13.2 TITLE	13.2 NAME	13.2 STREET ADDRESS	13.2 CITY-ST-ZIP	13.2 TITLE	13.2 NAME	13.2 STREET ADDRESS	13.2 CITY-ST-ZIP
13.3 TITLE	13.3 NAME	13.3 STREET ADDRESS	13.3 CITY-ST-ZIP	13.3 TITLE	13.3 NAME	13.3 STREET ADDRESS	13.3 CITY-ST-ZIP
13.4 TITLE	13.4 NAME	13.4 STREET ADDRESS	13.4 CITY-ST-ZIP	13.4 TITLE	13.4 NAME	13.4 STREET ADDRESS	13.4 CITY-ST-ZIP
13.5 TITLE	13.5 NAME	13.5 STREET ADDRESS	13.5 CITY-ST-ZIP	13.5 TITLE	13.5 NAME	13.5 STREET ADDRESS	13.5 CITY-ST-ZIP
13.6 TITLE	13.6 NAME	13.6 STREET ADDRESS	13.6 CITY-ST-ZIP	13.6 TITLE	13.6 NAME	13.6 STREET ADDRESS	13.6 CITY-ST-ZIP
13.7 TITLE	13.7 NAME	13.7 STREET ADDRESS	13.7 CITY-ST-ZIP	13.7 TITLE	13.7 NAME	13.7 STREET ADDRESS	13.7 CITY-ST-ZIP
13.8 TITLE	13.8 NAME	13.8 STREET ADDRESS	13.8 CITY-ST-ZIP	13.8 TITLE	13.8 NAME	13.8 STREET ADDRESS	13.8 CITY-ST-ZIP
13.9 TITLE	13.9 NAME	13.9 STREET ADDRESS	13.9 CITY-ST-ZIP	13.9 TITLE	13.9 NAME	13.9 STREET ADDRESS	13.9 CITY-ST-ZIP
13.10 TITLE	13.10 NAME	13.10 STREET ADDRESS	13.10 CITY-ST-ZIP	13.10 TITLE	13.10 NAME	13.10 STREET ADDRESS	13.10 CITY-ST-ZIP

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)(k), 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: HERBERT JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-96
517
724-9969
Daytime Phone

CR2E034 (12/95)