

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 # J23933

(1)

1. Corporation Name

TWO CITIES CORP.

Principal Place of Business

1614 CHASE AVE.
CINCINNATI OH 45223

Mailing Address

1614 CHASE AVE.
CINCINNATI OH 45223



3. Date Incorporated or Qualified
07/15/1986

3a. Date of Last Report
01/25/1995

4. FEI Number
59-2700166

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

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 Country

29 Country

9. Name and Address of Current Registered Agent

WILSON, CONSTANCE C.
5939 MARINER DRIVE
TAMPA FL 33609

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

Signature of person completing and submitting this report

(If the Registered Agent is not the corporation, the signature of the Registered Agent must be provided.)

Date of Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WILSON, CONSTANCE C.
STREET ADDRESS 1614 CHASE AVENUE
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

TITLE ST
NAME REED, THOMAS J.
STREET ADDRESS 1614 CHASE AVE.
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

TITLE VP
NAME GUETERMAN, KAY
STREET ADDRESS 1614 CHASE AVE.
CITY-ST-ZIP CINCINNATI OH ☒ DELETE

TITLE VP
NAME URBANOSKY, VETA A.
STREET ADDRESS 1614 CHASE AVE.
CITY-ST-ZIP CINCINNATI OH ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS

6.4 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:

Constance C. Wilson, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

(513) 541-6700

CR2E034 (12/95)