FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 10 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # Two Cities Corp. Principal Place of Business Mailing Address 1614 Chase Ave. 1614 Chese Are. DO NOT WRITE IN THIS SPACE Cincinnationhio 45223 Cincinn ati, chio 45223 3. Date Incorporated or Qualified 28. Mailing Address 26. P.O. BOX 253/4 2. Principal Place of Business Applied For 21 26 Not Applicable Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Wilson Constance C. Name 82 Street Address (P.O. Box Number is Not Acceptable) 5939 Mariner Drive Tampa , Fl 33609 City 84 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 lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or printed name of registered agent and rite it applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS CR2E034 (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ ☐ Addition TITLE 11 100 8 Change Wilson, Constance C. NAME 12 NAME 1614 chase Ave. STREET ADDRESS 13 STREET ADDRESS Cincinnati, Oh CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change ☐ Addition Reed. Thomas J. NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST - ZIP L. DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS City-ST 7IP 4.4 CITY - \$1 - ZIP DELETE ☐ Addition TITLE 5 1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-\$1-24P 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Addition -04/10/93---01088---001 NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS ***150.00 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this annual report or suppliemental annual roport 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: