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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

J37127

(4)

TWO GUMBA, INC.

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Address	- 1,00140 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0

Principal Place of Business Mailing Address # JOHN BORDENGA # JOHN BORDENGA 2651 S. WOODLAND BLVD. DELAND EL 32720-8601 DELAND FL 32720-8601								
DELAND FL 3	32720-8601	DELAND	FL 32720-860	1		 Date Incorporated or Qualified 10/09/1986 	3a. Date of Last Report 05/01/1995	
2. Principal Plac	ce of Business	2a. Mailing A	driress		·	4. FEI Number 15-0582997	Applied Not App	
Suite, Apt. #,	etc.	Suite, Ap	ot. #, etc			5. Certificate of Status Desired	\$8.75 Addition	ed
City & State	-	City & St 28	ate			Election Campaign Financing Trust Fund Contribution	S5.00 May Added to Fee	es
Žip 24	Country 25	<i>Z</i> ıp 29		Gountry 30			i 🔲 No	32,
	9. Name and Address of Curr	ent Registered Age	ent			10. Name and Address of New I	Registered Agent	
				81		<u></u>		
BORDE	NGA, JOHN			82	Street Ad	ddress (P.O. Box Number is Not Acceptal	ble)	
2651 SU DELANC	OUTH WOODLAND BLVD.			83		The state of the s		
DEDANG	,,,			84	City		85 Zip Code	
				i	· .	poration submits this statement for the purposed of directors. Thereby accept the app	FL 00 Expression	
SIGNATURE	orar in typed or printed name of registered a OFFICERS /	AND DIRECTORS	DELETE	Tt. Regetated Auc. 13. 1 1 TELE	nt signature req	ADDITIONS OHANGES TO OF		12 Addition
NAME STREET ADDRESS	BORDENGA, JOHN 620 ARMIDILLO, ØR			1.2 NAME 1.3 STREE	T ADDRESS			
CITY-ST-ZIP	DELTONA FL			1.4.0IfY-	ST - 71F		Change A	Add:tion
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TITLE		☐ DELFTE						
NAME express apposes				4.2 NAME 4.3 STREE	T ADDRESS			
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CITY - ST - Z:P			7 or er	5.4 CITY			☐ Change ☐	Addition
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NAME				6.2 NAM	ŀ			
STREET ADDRESS				64 CITY	CT 7/0			
CITY-ST-ZIP	and that the information surviv	ad with this filing is y	voluntarily fun	nished and do	es not qua	lify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I f	lurther

For interest certify that the information suppried with this lining is vocuntarily to instance, not quotien not the exemption stated in Section 1.19.07(a)(iii), noticed statutes, to the certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out; 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 04-136-3/55 Chapterial Process