

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 # J43997 (2)

1. Corporation Name
TWO SEASON, INC.



Principal Place of Business
3981 CATTLEMEN RD.
SARASOTA FL 34233
US

Mailing Address
1700 SPOONBILL DR.
NOKOMIS FL 34275-2472
US

3. Date Incorporated or Qualified
11/18/1986

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2746513

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
21 1700 SPOONBILL DR.
Suite, Apt. #, etc.
22
City & State
23 NOKOMIS, FL
Zip
24 34275
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

DI LORENZO, ANDREW
1700 SPOONBILL DR.
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *Andrew Di Lorenzo* Pm. ANDREW DI LORENZO 4-12-96
Signature of person making appointment and the corporation's board of directors (if the corporation is authorized to change its registered office or registered agent, or both, in the State of Florida, the signature of the corporation's board of directors is required when appointing a new registered agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	
NAME	DI LORENZO, ANDREW	2. NAME	
STREET ADDRESS	1700 SPOONBILL DR.	3. STREET ADDRESS	
CITY - ST - ZIP	NOKOMIS FL	4. CITY - ST - ZIP	
TITLE	VS	5. TITLE	
NAME	DI LORENZO, JANET	6. NAME	
STREET ADDRESS	1700 SPOONBILL DR.	7. STREET ADDRESS	
CITY - ST - ZIP	NOKOMIS FL	8. CITY - ST - ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		25. TITLE	
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY - ST - ZIP		28. 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: *Andrew Di Lorenzo* ANDREW DI LORENZO 4-12-96
Signature and Typed or Printed Name of Signing Officer or Director

CR2E034 (12/95)