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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L17292 (8)

1. Corporation Name

CANDITO TWO, INC.

Principal Office Address

%JOSEPH P. CANDITO
2540 11TH CIR
NAPLES FL 33940

Mailing Address

%JOSEPH P. CANDITO
2540 11TH CIR
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Licensed

09/18/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0160599

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. Does corporation have liability for intangible tax under § 193.03,
Florida Statutes? ☐ Yes ☒ No

2. Director, President, Treasurer

21

2a. Managing Agent

26

22. Secretary

22

27. State Agent

27

23. City, State

23

28. City, State

28

24. City, State

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25. City, State

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29. City, State

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30. City, State

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9. Name and Address of Current Registered Agent

CANDITO, JOSEPH P.
2550 10TH AVENUE NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number or Not Applicable

83

84. City

FL

85

Zip Code

11. I, the undersigned, the principal officer of the corporation, certify that I am a resident of the State of Florida and that I am duly qualified to act as such officer of the corporation. I hereby accept the appointment as registered agent of the corporation and I understand the obligations of such position under Florida Statutes.

SIGNATURE

12. OFFICER'S ADDRESS (SEE INSTRUCTIONS)

NAME

STREET ADDRESS

CITY, STATE, ZIP

D
CANDITO, JOSEPH P. SR.
2550 10TH ST. NORTH
NAPLES FL

NAME

STREET ADDRESS

CITY, STATE, ZIP

D
CANDITO, PATRICIA
2540 SMUDER CIRCLE
NAPLES FL

NAME

STREET ADDRESS

CITY, STATE, ZIP

D
CANDITO, JOSEPH P. JR.
2540 SMUDER CIRCLE
NAPLES FL

NAME

STREET ADDRESS

CITY, STATE, ZIP

D
CANDITO, LYDIA
2550 10TH ST. NORTH
NAPLES FL

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL OFFICERS (SEE INSTRUCTIONS)

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

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STREET ADDRESS

CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 193.03(2)(b), Florida Statutes. I further certify that this information is reliable and that I am duly qualified to act as such officer of the corporation. I hereby accept the appointment as registered agent of the corporation and I understand the obligations of such position under Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

Joseph Candito

5/1/95 (813) 649 6630