

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandia B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061158 (0)

1. Corporation Name*

TWO CLOWNS, INC.

Principal Place of Business

319 BEACH RD.
SARASOTA FL 34231

Mailing Address

319 BEACH RD.
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

08/15/1994

4. FEI Number

65-0437052

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

6. This Corporation has liability for intangible tax under S. 199 (332,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAD, GLADYS
319 BEACH RD.
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

34242

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

2. NAME

KLINSKY, PHIL
319 BEACH ROAD
SARASOTA FL

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

34242

1. TITLE

D

2. NAME

GRAD, GLADYS
319 BEACH ROAD
SARASOTA FL

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

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34242

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2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the registered agent and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my report appears in Block 12 or Block 13 of this report.

SIGNATURE:

GLADYS GRAD
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 (813) 748-4848
Date Signature