FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 FEB 28 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007553 (8)

1. Corporation Name
HIBISCUS TWO, INC.

Principal Place of Business	Mailing Address
7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312	7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number — ☑ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNER, MARK A
7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and/or 608.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	P/S/D ☒ Change ☐ Addition
NAME	CONNER, MARK A	1.2 NAME	
STREET ADDRESS	7118 BEECH RIDGE TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	
TITLE	~~VSD~~	2.1 TITLE	000001413110 -03/02/95--01049--001 ***1600.00 ☒ Change ☐ Addition
NAME	~~PREISS, JAMES A~~	2.2 NAME	
STREET ADDRESS	~~7118 BEECH RIDGE TRAIL~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~TALLAHASSEE FL 32312~~	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	Lannie B. Noles
STREET ADDRESS		3.3 STREET ADDRESS	7118 Beech Ridge Trail
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	T.S. 2/28/95
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	per conversation Anne Cochran final applied for box could be check.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), 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 added by an attachment with an address.

SIGNATURE: _____ 2/28/95 (904) 668-8500
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mark A. Conner, President

0028160 CP