

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:08

DOCUMENT # P94000014094 (4)

1. Corporation Name
TWOBROS, INC.

Principal Place of Business
5050 EDGEWOOD CT.
JACKSONVILLE FL 32254

Mailing Address
P.O. BOX 2089
JACKSONVILLE FL 32203-2089

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/16/1994
3a. Date of Last Report

4. FEI Number 59-3225033
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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKELTON, H.J.
5050 EDGEWOOD CT.
JACKSONVILLE FL 32254

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 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P
NAME DAVIS, ROBERT D
STREET ADDRESS %5050 EDGEWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE DVP
NAME DAVIS, LEE W
STREET ADDRESS %5050 EDGEWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE DVPT
NAME SKELTON, H.J.
STREET ADDRESS %5050 EDGEWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE VAS
NAME FRANCIS, H.D.
STREET ADDRESS 5050 EDGEWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE SAT
NAME BISHOP, G.P. JR.
STREET ADDRESS 5050 EDGEWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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: G.P. Bishop, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.P. BISHOP, JR.

3-6-95

(904) 783-5314