FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000014094 (4)**

1. Corporation Name

TWOBROS, INC.

Principal Place of Business	Mailing Address
5050 EDGEWOOD CT. JACKSONVILLE FL 32254	P.O. BOX 2088 JACKSONVILLE FL 32203-2088

3. Date Incorporated or Qualified: **02/16/1994**

3a. Date of Last Report: **03/17/1995**

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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 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 _____ (NOTE: Registered Agent signature required if name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ROBERT D		1.2 NAME		
STREET ADDRESS	%5050 EDGEWOOD CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, LEE W		2.2 NAME		
STREET ADDRESS	%5050 EDGEWOOD CT.		2.3 STREET ADDRESS	One RiverFront Plaza Ste 1404	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Louisville, Ky	
TITLE	DVPT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SKELTON, H.J.		3.2 NAME		
STREET ADDRESS	%5050 EDGEWOOD CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, H. D		4.2 NAME	400001764304	
STREET ADDRESS	5050 EDGEWOOD CT		4.3 STREET ADDRESS	-04/01/96--01031--003	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	***200.00	
TITLE	SAT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, G. P JR.		5.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VAS	☐ Change ☒ Addition
NAME			6.2 NAME	Clowe, D.C.	
STREET ADDRESS			6.3 STREET ADDRESS	5050 Edgewood Ct.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville, Fl	

CR2E034 (12/95)

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: G.P. Bishop SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — G.P. Bishop, Jr. — 4-1-96 DATE — (904)783-5314 Daytime Phone #