FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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: 03/30/1996

2. Principal Place of Business
21 4310 Pablo Oaks Court
Suite, Apt. #, etc. 22
City & State 23 Jacksonville, FL
Zip 24 32224 Country 25

2a. Mailing Address
26 P.O. Box 19366
Suite, Apt. #, etc. 27
City & State 28 Jacksonville, FL
Zip 29 32245-9366 Country 30

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

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) 4310 Pablo Oaks Court
83
84 City Jacksonville FL 85 Zip Code 32224

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 _____ 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	DP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	DAVIS, ROBERT D		12 NAME		
STREET ADDRESS	%5050 EDGEWOOD CT.		13 STREET ADDRESS	4310 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	DAVIS, LEE W		22 NAME		
STREET ADDRESS	ONE RIVERFRONT PLAZA SUITE 1404		23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	Louisville, KY	
TITLE	DVPT	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	SKELTON, H.J.		32 NAME		
STREET ADDRESS	%5050 EDGEWOOD CT.		33 STREET ADDRESS	4310 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	FRANCIS, H. D		42 NAME		
STREET ADDRESS	5050 EDGEWOOD CT		43 STREET ADDRESS	4310 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP		
TITLE	SAT	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	BISHOP, G. P JR.		52 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		53 STREET ADDRESS	4310 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	CLOWE, D.C.		62 NAME		
STREET ADDRESS	5050 EDGEWOOD CT.		63 STREET ADDRESS	4310 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL 32254		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE G. P. Bishop Jr. 4-17-97 (904) 223-7481

CR2E034 (9/96)