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 APR 27 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029255 (4)

1. Corporation Name
TWO BROS. OF HUDSON CORPORATION

Principal Place of Business	Mailing Address
15404 PLANTATION OAKS DR #5 TAMPA FL 33647	15404 PLANTATION OAKS DR #5 TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 312 NORTH FLORIDA AVE	26 312 NORTH FLORIDA AVE
22 Suite, Apt. #, etc: APT # 354	27 Suite, Apt. #, etc: APT # 354
23 City & State: TARPON SPRINGS FLA	28 City & State: TARPON SPRINGS FLA
24 Zip: 34689 — 25 Country: USA	29 Zip: 34689 — 30 Country: USA

4. FEI Number: 59-3235522 ☐ 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	10. Name and Address of New Registered Agent
FOCONE, NICHOLAS JR. 15404 PLANTATION OAKS DR #5 TAMPA FL 33647	81 Name: FOCONE, NICHOLAS JR 82 Street Address (P.O. Box Number is Not Acceptable): 312 N. FLORIDA AVE 83 APT # 354 84 City: TARPON SPRINGS FL 85 Zip Code: 34689

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	FOCONE, SALVATORE	12 NAME	FOCONE, SALVATORE
STREET ADDRESS	15404 PLANTATION OAKS DR #5	13 STREET ADDRESS	312 N. FLORIDA AVE APT # 354
CITY-ST-ZIP	TAMPA FL 33647	14 CITY-ST-ZIP	TARPON SPRINGS FLA 34689
TITLE	S	21 TITLE	SECRETARY ☑ Change ☐ Addition
NAME	FOCONE, NICHOLAS JR.	22 NAME	FOCONE, NICHOLAS
STREET ADDRESS	15404 PLANTATION OAKS DR #5	23 STREET ADDRESS	312 N. FLORIDA AVE APT # 354
CITY-ST-ZIP	TAMPA FL 33647	24 CITY-ST-ZIP	TARPON SPRINGS FLA 34689
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE: Nicholas Focone — 4-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NICHOLAS FOCONE JR

0304396 CP