

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000037346 (1)**
1. Corporation Name

TWO CAN COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

METCALF BLDG., SUITE 300
100 SOUTH ORANGE AVE.
ORLANDO FL 32801

METCALF BLDG., SUITE 300
100 SOUTH ORANGE AVE.
ORLANDO FL 32801

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

3. Date Incorporated or Qualified

05/18/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3245029

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

A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVE.
ORLANDO FL

81 Name

Billie G. DiMeglio

82 Street Address (P.O. Box Number is Not Acceptable)

100 S. Orange Avenue, Suite 300

83

84 City

Orlando

FL

85 Zip Code

32801

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 607.0503, Florida Statutes.

SIGNATURE

Billie G. DiMeglio

Billie G. DiMeglio

7-2-96

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

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DIMEGLIO, BILLIE G
STREET ADDRESS 290 EAGLE KNOB POINTE
CITY-ST-ZIP LAKE MARY FL

☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE D
NAME DIMEGLIO, MICHAEL J
STREET ADDRESS 290 EAGLE KNOB POINTE
CITY-ST-ZIP LAKE MARY FL 32746

☐ DELETE

12 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

16 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Billie G. DiMeglio

Billie G. DiMeglio

7-2-96

407-426-6816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (3/96)