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

APPROVED AND FILED
1996 SEP -6 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001952315
-09/20/96--01014--008
****225.00 ****225.00

DOCUMENT # P94000040020 (7)

1. Corporation Name
TWO CUPS & A STRING, INC.

Principal Place of Business
96 NE DIXIE HWY
STUART FL 34994

Mailing Address
96 NE DIXIE HWY
STUART FL 34994

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report: 02/14/1995

4. FEI Number: 65-0494755 ☐ 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
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
NORMAN, RICHARD E III
96 NE DIXIE HWY
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name: STEVEN G. VITALE P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 300 Colorado avenue
83 Suite 205
84 City: STUART FL 85 Zip Code: 34994

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] 8/7/96
Signature, Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	☒ DELETE
NAME	SUPER, ROSALIE M.	
STREET ADDRESS	2201 SE BRECKENRIDGE CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President	☐ Change ☒ Addition
1 2 NAME	Kenneth J. Smith	
1 3 STREET ADDRESS	4428 S.E. Hamiltom Ln.	
1 4 CITY-ST-ZIP	Stuart Fl. 34997	
2 1 TITLE	V. PRESIDENT	☒ Change ☐ Addition
2 2 NAME	Robert Tracey	
2 3 STREET ADDRESS	1635 S.E. Greenacres Cir.	
2 4 CITY-ST-ZIP	Pt. St. Lucie Fl 34952	
3 1 TITLE	Tres	☐ Change ☒ Addition
3 2 NAME	Bill Hedges	
3 3 STREET ADDRESS	5313 S.E. Tallpines Wy.	
3 4 CITY-ST-ZIP	Stuart fl 34997	
4 1 TITLE	Secretary	☒ Change ☐ Addition
4 2 NAME	Brenda Hedges	
4 3 STREET ADDRESS	5313 S.E. Tallpines Wy.	
4 4 CITY-ST-ZIP	Stuart fl 34997	
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 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: Kenneth J Smith, PRES 7/25/96 561-692-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)