# 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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084639 (1)**

1. Corporation Name
**PLUS TWO INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 2090 S. NOVA RD.<br>SUITE AA13<br>S. DAYTONA FL 32119 | 2090 S. NOVA RD.<br>SUITE AA13<br>S. DAYTONA FL 32119 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1994** | 3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1725 S. NOVA Rd | 26 1725 S. NOVA Rd |
| Suite, Apt. #, etc. 22 UNIT D7 | Suite, Apt. #, etc. 27 UNIT D7 |
| City & State 23 S. DAYTONA, FL. | City & State 28 S. DAYTONA, FL. |
| Zip 24 32119 County 25 VOL | Zip 29 32119 County 30 VOL |

4. FEI Number: 59-3276434 ☐ 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 |
|---|---|
| FRAZER, ROBERT D<br>2090 S. NOVA RD.<br>SUITE AA05<br>S. DAYTONA FL 32119 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any) | |
|---|---|---|---|
| 01 TITLE | D | 01 TITLE | ☐ Change ☐ Addition |
| 02 NAME | GOORHOUSE, DONALD E | 02 NAME | |
| 03 STREET ADDRESS | 160 GULL DRIVE | 03 STREET ADDRESS | |
| 04 CITY ST ZIP | DAYTONA BEACH FL 32119 | 04 CITY ST ZIP | |
| 05 TITLE | | 05 TITLE | ☐ Change ☐ Addition |
| 06 NAME | | 06 NAME | |
| 07 STREET ADDRESS | | 07 STREET ADDRESS | |
| 08 CITY ST ZIP | | 08 CITY ST ZIP | |
| 09 TITLE | | 09 TITLE | ☐ Change ☐ Addition |
| 10 NAME | | 10 NAME | |
| 11 STREET ADDRESS | | 11 STREET ADDRESS | |
| 12 CITY ST ZIP | | 12 CITY ST ZIP | |
| 13 TITLE | | 13 TITLE | ☐ Change ☐ Addition |
| 14 NAME | | 14 NAME | |
| 15 STREET ADDRESS | | 15 STREET ADDRESS | |
| 16 CITY ST ZIP | | 16 CITY ST ZIP | |
| 17 TITLE | | 17 TITLE | ☐ Change ☐ Addition |
| 18 NAME | | 18 NAME | |
| 19 STREET ADDRESS | | 19 STREET ADDRESS | |
| 20 CITY ST ZIP | | 20 CITY ST ZIP | |
| 21 TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | | 22 NAME | |
| 23 STREET ADDRESS | | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | | 24 CITY ST ZIP | |

14. I/We 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 addition.

**SIGNATURE:** Don Goorhouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
Date

904-767-4545
Telephone Number

0008606 CP