SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name TWO WEEKS, INC. P95000066642 (6)

Principal Place of Business

Mailing Address

5625 CLIFTON LANE JACKSONVILLE FL 32211 5625 CLIFTON LANE JACKSONVILLE FL 32211



FILED

97 SEP -8 AM 10: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

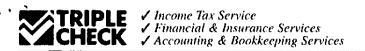


								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 3a. Date of Last Report
								08/29/1995 08/08/1996
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21 12209 OLD PLANK ROAD			26	26 12209 OLD PLANK ROAD				D 59-3329217 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
City & State				City & State				Fee Required
23 SACKSONVILLE FLORIDA				h				6. Election Campaign Financing \$5.00 May Be
	2010AIL	Country	28					
Zip 24 3 2 2	20	25 DUYAL	29	7ip 32220		Country	JVAL	8. This corporation owes or has paid the current year Intangible
24					30]		7VAC	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent WEEKS, LARRY E 81							Name	10. Name and Address of New Registered Agent
	25 CLIFTON			Trains			INGINE	
								Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32211				83				209 OLD PLANK ROAD
						83	· I	
						84	City	- 85 Zip Code
							SAC	CKSONSSLE FL 22220
11. Pursuant to	to the provisi registered ap	ons of Sections 607,0502 ent. or both, in the State o	and 6 f Etoria	07.1508, Florida Statu da, Such change was	utes, the	e abov	e-named o	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar wil	th, and accept the obligati	ions o	f, Section 607.0505, F	lorida S	Statute	s.	
SIGNATURE LARRY E, WEEKS, PRESIDENT 9/2/97								
	Signature, typed	or printed name of registered agent					ent signature r	required when reinstating) DATE:
12.	PD	OFFICERS AND	DIREC			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		I ADDV E		☐ DELETE		.1 TITLE		Change Addition
NAME WEEKS, LARRY E STREET ADDRESS 5625 CLIFTON LANE						.2 NAME		12209 OLD PLANK ROAD
IACKCONNILLE EL MANTE				1.3 STREET			T ADDRESS	l - ·
CITY-ST-ZIP	VPST	MAKELE PL 32211				.4 CITY-!	ST-ZIP	JACKSONVILLE, FLORIDA 32220
TITLE		LANA R		☐ DELETE	2	.1 TITLE		Change Addition
NAME					2.	.2 NAME		
STREET ADDRESS 5825 CLIFTON LANE				2.3 S1			ADDRESS	12209 OLD PLANK ROAD
CITY-ST-ZIP JACKSONVILLE FL 32211					2.40			SACGONYILLE, FLORIDA 32220
TITLE				☐ DELETE	3.	.1 TITLE		☐ Change ☐ Addition
NAME .					3.	2 NAME	ļ	
STREET APDRESS					3.	.3 STREE	ADDRESS	
CITY- &- ZIP					3.	.4. CITY-	ST-ZIP	·
TITLE				DELETE	4.	.1 TITLE		700002288 99% 7- U* 000 -09/10/9701045001
NAME					4	2 NAME		-09/10/9701045001
STREET ADDRESS					4.	3 STREET	ADDRESS	****165.00 ****165.00
CITY-ST-ZIP					4.	4 CITY-8	ST-ZIP	
TITLE				DELETE	5.	1 TITLE	i	☐ Change ☐ Addition
NAME					5.	2 NAME		
STREET ADDRESS					5.	3 STREET	ADDRESS	
CITY-ST-ZIP					5.	4 CITY - S	ST-ZIP	
TITLE			-	DELETE		1 TITLE		Change Addition
NAME					6.	2 NAME		
STREET ADDRESS							ADDRESS	X/V) !
								, I 3−- K\/ !

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.

2062

320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604



September 5, 1997

Annual Reports Filings Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Profit Corporation Annual Report P95000066642 - Two Weeks, Inc.

Dear Madam or Sir,

I am writing you on behalf of the above shown corporation as the preparer of the tax returns for Two Weeks, Inc.

As you can see on the Report, the corporation has moved and failed to receive the First Annual Report Notice. To compound the problem, it was necessary for the corporation to file an extension this year for the Federal and State tax filings.

The president, Mr. Larry Weeks, attended his tax appointment with my firm just three days ago and in his papers was the Second Notice for the Annual Report, which the Post Office finally forwarded to the corporation.

We request that the late filing penalty be abated and that the full payment of the enclosed normal fee be accepted. Your prompt attention to this matter is appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Ronald A. McBride, EA

President