

**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

DOCUMENT # **P95000083232 (5)**  
1. Corporation Name  
**TWO JOE'S, INC.**



Principal Place of Business: **19133 S. TAMiami TRAIL FT. MYERS FL 33908**  
Mailing Address: **19133 S. TAMiami TRAIL FT. MYERS FL 33908**

3. Date Incorporated or Qualified: **10/27/1995**  
3a. Date of Last Report: **N/A**  
4. FEI Number: **65-0628225**  
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 19137 S TAMiami TRAIL**  
22. Suite, Apt. #, etc.:  
23. City & State: **28 FORT MYERS FL**  
24. Zip: **29 33912** Country: **30 LEE**  
25. Country:  
26. Mailing Address: **26 7598 MORGAN RD**  
27. Suite, Apt. #, etc.:  
28. City & State:  
29. Zip:  
30. Country:

9. Name and Address of Current Registered Agent  
**WALKER, PETER F**  
**19133 S. TAMiami TRAIL**  
**FT. MYERS FL 33908**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable): **19137 S TAMiami TRAIL**  
83. City:  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent on the 1 April 1996. Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, PETER F</b>	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	
CITY - ST - ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, JOAN M</b>	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	
CITY - ST - ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, JOSEPH P</b>	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	
CITY - ST - ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, CARLA</b>	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	
CITY - ST - ZIP	<b>FT. MYERS FL 33908</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>19137</b>	
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>19137</b>	
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>19137</b>	
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>19137</b>	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joan M Walker Sec/Treas* **4/29/96** **941-267-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)