

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000083232 (5)**  
 1. Corporation Name  
**TWO JOE'S, INC.**



Principal Place of Business <b>19137 S TAMiami TRAIL FT. MYERS FL 33908 US</b>	Mailing Address <b>7298 MORGAN RD FT. MYERS FL 33912 US</b>
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2. Principal Place of Business 21 22 23 24	2a. Mailing Address 26 27 28 29 30	3. Date Incorporated or Qualified <b>10/27/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc.	<b>7598 Morgan Rd</b>	4. FEI Number <b>65-0628225</b>	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WALKER, PETER F 196137 S TAMiami TRAIL FT. MYERS FL 33908</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>7598 Morgan Rd</b>
		83	
		84 City	<b>Fort Myers</b>
		85 Zip Code	<b>FL 33912</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, PETER F</b>	1.2 NAME	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	1.3 STREET ADDRESS	<b>19137</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, JOAN M</b>	2.2 NAME	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	2.3 STREET ADDRESS	<b>19137</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, JOSEPH P</b>	3.2 NAME	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	3.3 STREET ADDRESS	<b>19137</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, CARLA</b>	4.2 NAME	
STREET ADDRESS	<b>19133 S. TAMiami TRAIL</b>	4.3 STREET ADDRESS	<b>19137</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Joan M. Walker** **JOAN M. WALKER** **4/15/97** **PH-267-0500**

CR2E034 (9/96)