SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 AUG -8 AM 9:21 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P96000062459 (8) IT TAKES TWO FARMS, INC. Principal Place of Business Mailing Address 1402 N. LAKEMONT 1402 N. LAKEMONT GOÇOÁ FL 32822 COCOA FL 32922 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 9-340223 1402 N. Lakemont Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be レム 3 OCOA Added to Fees 28 Trust Fund Contribution Zip Country Country This corporation owes or has paid the current year Intangible 2922 SA Yes 4 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARKEY, KEVIN P ESQ. 81 Name 410 WEST MERRITT AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE KUEHNER, CARL 1.2 NAME 1402 N. LAKEMONT STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL 32922** 1.4 City-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Addition TITLE SAWYER, STEVEN 2.2 NAME NAME -01091---006 797 65.00 1402 N. LAKEMONT STREET ADORESS 2.3 STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Change Addition MALAF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP **DELETE** Change 5.1 TITLE ___ Addition TITLE 5.2 NAME NAME . STREET ADDRESS 5.3 STREET AODRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if 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

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

appears in Block 12 or Block 13 if changed, or on an attachment with an address. الملاة المادود (مرز برلاله)

CITY-ST-ZIP

2-4-97

Dear Sir,

I have enclased a sheek in the amount of \$165.00. I respectfully request that the late fee he waived as I do not relate getting any first notice" back in January.

On all paperwork and forms that some in. It have had a sought of mail mix-leps with releving mail meant for atten small husinesses nearly; perhaps rund may have gone elsewhere and was never forwarded on to us.

Again, I request that you be-consider imposing a late fee as I had no iden that any hind of paperwork and fees were due.

Sincerely, Candace I. Sychner_