

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90027 018 ***150.00

DOCUMENT # P96000090399

1. Corporation Name

TWO OAKS INVESTMENT, INC.

Principal Place of Business

10207 OSLIN ST
TAMPA FL 33615

Mailing Address

10207 OSLIN ST
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

59-3405641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1309 Fishing Lake DR
Suite, Apt. #, etc.

26 1309 FISHING Lake DR
Suite, Apt. #, etc.

22 City & State
23 Odessa FL

27 City & State
28 Odessa FL

24 Zip Country
33556 USA

29 Zip Country
33556 USA

9. Name and Address of Current Registered Agent

FAIRBANKS, CYNTHIA M
10207 OSLIN ST
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name
Cynthia M. Fairbanks

82 Street Address (P.O. Box Number is Not Acceptable)

1309 FISHING LAKE

83

84 City Odessa FL

85 Zip Code

33556

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 Cynthia M. Fairbanks, Cynthia M. Fairbanks 99 Mar 01
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FAIRBANKS, CYNTHIA
STREET ADDRESS 10207 OSLIN ST
CITY-ST-ZIP TAMPA FL 33615

☐ DELETE

TITLE D
NAME UPCAVAGE, ROBERT J
STREET ADDRESS 9829 WILSKY BLVD
CITY-ST-ZIP TAMPA FL 33615

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Cynthia M. Fairbanks
1.3 STREET ADDRESS 1309 FISHING LAKE DR
1.4 CITY-ST-ZIP Odessa FL 33556

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME Robert J. Upcavage
2.3 STREET ADDRESS 1309 FISHING LAKE DR
2.4 CITY-ST-ZIP Odessa FL 33556

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Cynthia M. Fairbanks, Cynthia M. Fairbanks, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)