

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000086568 (7)

1. Corporation Name  
TWO BOLD, INC.



Principal Place of Business

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FT WALTON BEACH FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/15/1997

4. FEI Number  
59-3472362

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 247 SLEEPY OAKS RD N.W.  
Suite, Apt. #, etc.

2a. Mailing Address

26 247 SLEEPY OAKS RD. NW  
Suite, Apt. #, etc.

City & State

23 FT. WALTON BCH., FL.

City & State

28 FT. WALTON BCH., FL.

Zip

24 32548

Country

25 USA

Zip

29 32548

Country

30 USA

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM S  
909 MAR WALT DRIVE, SUITE 1014  
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name COCHRAN, PAMELA J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
247 SLEEPY OAKS RD. NW  
83  
84 City FT. WALTON BCH., FL 85 Zip Code 32548

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 *Pamela J. Cochran* PAMELA J. COCHRAN 3/11/98  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	COCHRAN, FRED J	247 SLEEPY OAKS RD NW	FT WALTON BEACH FL 32548	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	COCHRAN, PAMELA J	247 SLEEPY OAKS RD NW	FT WALTON BEACH FL 32548	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	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.

SIGNATURE *Pamela J. Cochran* PAMELA J. COCHRAN 3/11/98

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