

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90006 013 ***150.00

DOCUMENT # **P98000077423**

1. Corporation Name

TWO & FOUR, INC.



Principal Place of Business

**4190 S.W. 75TH CIRCLE EAST
DAVIE FL 33314**

Mailing Address

**4190 S.W. 75TH CIRCLE EAST
DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

65-0864072

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2057 Taft St.

2a. Mailing Address

26 2057 Taft St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hollywood, FL

City & State

28 Hollywood, FL

Zip

Country

Zip

Country

24 33020

25

29 33020

30

9. Name and Address of Current Registered Agent

**BOGGS, LESTER C
4190 S.W. 75TH CIRCLE EAST
DAVIE FL 33314**

10. Name and Address of New Registered Agent

81 Name

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

2057 Taft St.

83

84 City

Hollywood

FL

85 Zip Code

33020

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

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 ☐ DELETE

NAME **D**
BOGGS, LESTER C
STREET ADDRESS **4190 S.W. 75TH CIRCLE EAST**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ DELETE

NAME **D**
HUTCHISON, LORA J
STREET ADDRESS **705 EAST GREEN LANE**
CITY-ST-ZIP **WOODSTOCK GA 30189**

TITLE ☐ DELETE

NAME **D**
THORNTON, DEBORAH K
STREET ADDRESS **4151 S.W. 75TH CIRCLE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ DELETE

NAME **D**
BOGGS, HAMILTON D
STREET ADDRESS **2301 LEE STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME **D**
PAYNE, NANCY A
STREET ADDRESS **P.S.C. 41 BOX 45**
CITY-ST-ZIP **APO AE 09464**

TITLE ☐ DELETE

NAME **D**
WILLIAMS, KIMBERLY S
STREET ADDRESS **ROUTE 5B BOX 669**
CITY-ST-ZIP **HINDERSVILLE NC 28792**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **Lora J. Hutchison** **Lora J. Hutchison** **2/10/99** **954-923-3440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)