FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # **S10101** **(1)**

1. Corporation Name

TWO R BUSINESS, INC.

Principal Place of Business	Mailing Address
1106 69TH AVENUE WEST ~~UNIT 429~~ BRADENTON FL 34207 US	P.O. BOX 11440 ~~UNIT 429~~ BRADENTON FL 34282 US

2. Principal Place of Business	2a. Mailing Address
21 1106 69th Ave. W.	26 P.O. Box 11440
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bradenton FL	City & State 28 Bradenton FL
Zip 24 34207 Country 25 Manatee	Zip 29 34282 Country 30 Manatee

3. Date Incorporated or Qualified: 10/31/1990
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0222928 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDSON, WILLIAM DAVIS
1106 69TH AVE W.
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM D.		1.2 NAME	
STREET ADDRESS	1106 69TH AVE. W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM D.		2.2 NAME	
STREET ADDRESS	1106 69TH AVE W.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM D.		3.2 NAME	
STREET ADDRESS	1106 69TH AVE W.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM D.		4.2 NAME	
STREET ADDRESS	1106 69TH AVE W.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report.

SIGNATURE: William D. Richardson William D. Richardson 4-9-96 941-751-2686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #