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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **S10101** (1)

1. Corporation Name
TWO R BUSINESS, INC.

Principal Place of Business	Mailing Address
1106 69TH AVE W BRADENTON FL 34207 US	PO BOX 11440 BRADENTON FL 34282 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1990

2. Principal Place of Business
21: 6447 33rd St. East
22: Suite, Apt. #, etc.
23: City & State: Sarasota FL
24: Zip: 34243
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: Richardson, William Davis
82 Street Address (P.O. Box Number Is Not Acceptable): 4841 N. Peregrine Pt. Cir.
83:
84 City: Sarasota **FL** 85 Zip Code: 34231

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: Richardson, William D. — Signature, typed or printed name of registered agent and title if applicable
William D. Richardson — (NOTE: Registered Agent signature required when reinstating)
DATE: 4-2-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	RICHARDSON, WILLIAM D.		1.2 NAME	Richardson, William D	
STREET ADDRESS	1106 69TH AVE. W.		1.3 STREET ADDRESS	4841 N. Peregrine Pt. Circle	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Sarasota FL 34231	
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		
[redacted]	[redacted]		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 (10/97)

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: William D. Richardson — William Davis Richardson — 4-2-98 — 941-751-2686