

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 11:27

DOCUMENT # S59068 (4)

1. Corporation Name
R AND R LEMARBRE, INCORPORATED

Principal Place of Business 204 12TH AVE. INDIAN ROCKS BCH. FL 34635 US	Mailing Address 204 12TH AVE. INDIAN ROCKS BCH. FL 34635 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1991		3a. Date of Last Report 08/10/1994	
4. FEI Number 65-0268068		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			

2. Principal Place of Business 21 13951 HARBORVIEW DR.		2a. Mailing Address 26 13951 HARBORVIEW DR.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 SEMINOLE, FL.		City & State 28 SEMINOLE	
Zip 24 34646	Country 25 PINELAS	Zip 29 34646	Country 30 PINELAS

9. Name and Address of Current Registered Agent
**CACCIATORE, FRANK
2803 NORTH "B" ST.
TAMPA FL 33609**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 fee if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VTD	NAME LEMARBRE, RICHARD	1. TITLE VTD	☒ Change ☐ Addition
STREET ADDRESS 3730 SW 60TH CT.		12. NAME LEMARBRE, RICHARD	
CITY, ST, ZIP MIAMI FL		13. STREET ADDRESS 13951 HARBORVIEW DR.	
		14. CITY, ST, ZIP SEMINOLE, FL. 34646	
TITLE PSD	NAME LEMARBRE, RITA	2. TITLE PSD	☒ Change ☐ Addition
STREET ADDRESS 3730 S.W. 60TH COURT		22. NAME LEMARBRE, RITA	
CITY, ST, ZIP MIAMI FL		23. STREET ADDRESS 13951 HARBORVIEW DR.	
		24. CITY, ST, ZIP SEMINOLE, FL. 34646	
		3. TITLE	☐ Change ☐ Addition
		32. NAME	
		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
		4. TITLE	☐ Change ☐ Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
		5. TITLE	☐ Change ☐ Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
		6. TITLE	☐ Change ☐ Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY, ST, ZIP	

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)(k), 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: *R. Richard* **RICHARD M. LEMARBRE** 5-26 95 (95) 541-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date