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 APR -4 PM 11:34

DOCUMENT # 250938 (8)

1. Corporation Name
THE TOBI COMPANY, INC.

Principal Place of Business	Mailing Address
10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA FL 33612	10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/05/1961
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

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

4. FEI Number: 59-1263852 ☐ 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	10. Name and Address of New Registered Agent
BALLOTTA, PETER C 13401 GOLF CREST WAY TAMPA FL 33624	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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BALLOTTA, PETER C.	1.2 NAME	
STREET ADDRESS	13401 GOLFCREST WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	CVD	2.1 TITLE	☐ Change ☐ Addition
NAME	TOBI, FREDERICK G.	2.2 NAME	
STREET ADDRESS	4605 CULBREATH ISLES WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Vice Pres/Pd Director ☐ Change ☒ Addition
NAME	TOBI, ENOLA C.	3.2 NAME	Robert C. Nof
STREET ADDRESS	4605 CULBREATH ISLES WAY	3.3 STREET ADDRESS	10417 Buna Al
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, Fl 33618
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	TOBI, JOSEPH C.	4.2 NAME	
STREET ADDRESS	12206 WOOD DUCK PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted]	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, PETER G.	5.2 NAME	
STREET ADDRESS	18232 CLEAR LAKE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, ROSE M	6.2 NAME	
STREET ADDRESS	9633 ORANGE GROVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

Delete

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 on an attachment with an address.

SIGNATURE: Robert C. Nof 3-28-95 813/975-1211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
Robert C. Nof

0443863 FP