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

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

3. Date Incorporated or Qualified: 09/05/1961
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-1263852 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] $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 [X] Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent
BALLOTTA, PETER C
13401 GOLF CREST WAY
TAMPA FL 33624

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, 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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: BALLOTTA, PETER C. STREET ADDRESS: 13401 GOLFCREST WAY CITY-ST-ZIP: TAMPA FL	☐ DELETE	(ADD ZIP) [X] Change ☐ Addition 33624
TITLE: CVD NAME: TOBI, FREDERICK G. STREET ADDRESS: 4805 CULBREATH ISLES WAY CITY-ST-ZIP: TAMPA FL	☐ DELETE	(ADD ZIP) [X] Change ☐ Addition 33629
TITLE: VPD NAME: NOF, ROBERT C STREET ADDRESS: 10412 BUTIA PLACE CITY-ST-ZIP: TAMPA FL	[X] DELETE	☐ Change ☐ Addition
TITLE: VD NAME: TOBI, JOSEPH C. STREET ADDRESS: 12206 WOOD DUCK PLACE CITY-ST-ZIP: TAMPA FL	☐ DELETE	(ADD ZIP) [X] Change ☐ Addition 33617
TITLE: DV NAME: WILSON, PETER G. STREET ADDRESS: 18232 CLEAR LAKE DRIVE CITY-ST-ZIP: LUTZ FL	☐ DELETE	(ADD ZIP) [X] Change ☐ Addition 33549
TITLE: SD NAME: BOWMAN, ROSE M STREET ADDRESS: 9633 ORANGE GROVE DR CITY-ST-ZIP: TAMPA FL	☐ DELETE	CHANGE TITLE: VSTD & ZIP [X] Change ☐ Addition 33618

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: Pete C. Ballotta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER C. BALLOTTA, PRESIDENT

APRIL 4, 1996 Date
(813) 975-1212 Daytime Phone #

CR2E034 (12/95)