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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **304239** **(7)**

1. Corporation Name
ERB & ROBERTS INC

Principal Place of Business	Mailing Address
2383 S.W. ARCHER RD. GAINESVILLE FL 32608-1024	2383 S.W. ARCHER RD. GAINESVILLE FL 32608-1024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1966	3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1099937	☐ 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	2a. Mailing Address
21	26 PO BOX 140297
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 GAINESVILLE FL
Zip 24 / Country 25	Zip 29 32614-0297 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERB, THOMAS COOK RT. 1, BOX 281-42 MICANOPY FL 32667	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 10915 SW 16 ST 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE		☐ Change ☒ Addition
NAME	SCHWARTZ, ROBERT	12 NAME		
STREET ADDRESS	S.R. 232	13 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPGS. FL	14 CITY-ST-ZIP		32643
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	ERB, THOMAS COOK	22 NAME		
STREET ADDRESS	RT. 1 BOX 281-42	23 STREET ADDRESS	10915 SW 16 ST	
CITY-ST-ZIP	MICANOPY FL	24 CITY-ST-ZIP		32667
TITLE	S	31 TITLE		☐ Change ☒ Addition
NAME	RICKER, MYRA	32 NAME		
STREET ADDRESS	2105 NW 38 DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		32605
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Thomas C. Erb — 904-376-4888
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0094721 CP