FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # 383156 (7)

1. Entity Name

REALADYNE, INC.

APPROVED AND FILED

95 MAY -1 AM 10:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Street Address	Mailing Address
307-62ND AVE. NO. ST PETERSBURG FL 33702	307-62ND AVENUE, NORTH ST. PETERSBURG FL 33702 US

3. Date Incorporated or Qualified: 06/01/1971

3a. Date of Last Report: 07/21/1994

2. Principal Business Activity — 21

2a. Mailing Address — 26

4. FEI Number: 59-1673030 — Applied For / Not Applicable

State, Apt. # or Mail Code — 22

State, Apt. # or Mail Code — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN,MARY JANE
1043 31ST TERR NE
ST PETERSBURG FL 33704

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 Section(s) 607.0502 and/or 1608, 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

12. OFFICER AND DIRECTORS

Title	PD
Name	MARTIN, MARY JANE
Street Address	1043 31ST TERRACE N.E.
City-St-Zip	ST PETERSBURG FL
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 Title	☐ Change ☐ Addition
1 Name	
1 Street Address	
1 City-St-Zip	
2 Title	☐ Change ☐ Addition
2 Name	
2 Street Address	
2 City-St-Zip	
3 Title	☐ Change ☐ Addition
3 Name	
3 Street Address	
3 City-St-Zip	
4 Title	☐ Change ☐ Addition
4 Name	
4 Street Address	
4 City-St-Zip	
5 Title	☐ Change ☐ Addition
5 Name	
5 Street Address	
5 City-St-Zip	
6 Title	☐ Change ☐ Addition
6 Name	
6 Street Address	
6 City-St-Zip	

14. I (We) 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 any attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Telephone Number

000674 CR

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

APPROVED

DOCUMENT # 385872 (7)

1. Corporate Name
BOBBER, INC.

Principal Place of Business
2312 S.GOLDENROD ROAD
ORLANDO FL 32822

Mailing Address
2312 S.GOLDENROD ROAD
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1971
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1354894 ☐ 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
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 Country 25 / Zip 29 Country 30

9. Name and Address of Current Registered Agent

NEUMAN,ROBERT G
2312 S GOLDENROD RD
ORLANDO FL 32807

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

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	NEUMAN, ROBERT G.	2312 S. GOLDENROD RD.	ORLANDO FL
D	NEUMAN,TERRY ANN	2312 S. GOLDENROD RD.	ORLANDO FL
D	SCHWARTZ,EVELYN MAY	2312 S. GOLDENROD RD.	ORLANDO FL
T	SCHWARTZ,EVELYN MAY	2312 S. GOLDENROD RD.	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries 1–6)

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(1)(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: [signature] 4/25/95 407-275-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062619 CP