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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:24

DOCUMENT # **411057** **(3)**

1. Corporation Name

ROBERT H. LABER INC

Principal Place of Business

476 EUGENIA ROAD
PO BOX DRAWER 3820
VERO BEACH FL 32963

Mailing Address

P.O. BOX DRAWER 3820
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1972

3a. Date of Last Report: 08/09/1994

4. FEI Number: 59-1457717 — Applied For / Not Applicable

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

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

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
LABER, ROBERT *Deceased* 476 EUGENIA ROAD VERO BEACH FL 32960	81 Name: *H. Janet Laber* 82 Street Address (P.O. Box Number is Not Acceptable): *476 Eugenia Rd.* 83 84 City: *Vero Beach* FL 85 Zip Code: *32963*

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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: *H. JANET LABER* *[signature]* *5/1/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1) TITLE	*Janet Laber Pres.* ☒ Change ☐ Addition
NAME	~~LABER ROBERT~~ *Deceased*	1) NAME	
STREET ADDRESS	~~476 EUGENIA RD.~~	1) STREET ADDRESS	*476 Eugenia Rd.*
CITY-ST-ZIP	~~VERO BCH FL~~	1) CITY-ST-ZIP	*Vero Beach, FL*
TITLE	TS	2) TITLE	☐ Change ☐ Addition
NAME	LABER,JANET	2) NAME	
STREET ADDRESS	476 EUGENIA RD.	2) STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	2) CITY-ST-ZIP	
TITLE	D	3) TITLE	☐ Change ☐ Addition
NAME	LABER, JANET	3) NAME	
STREET ADDRESS	476 EUGENIA RD.	3) STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME	**REMITTED BY MAY 1**	6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) 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(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]* *H. Janet Laber* *4/29/95* *407-231-2664*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0421455 FP