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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **454455** (7)
1. Corporation Name
FRED RUBLE, INC.

Principal Place of Business Mailing Address
8903 PINEHURST DR. 8903 PINEHURST DR.
SEMINOLE FLORIDA 34647 SEMINOLE FLORIDA 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/10/1974** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1545006** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution
8. This corporation has liability for intangible tax under C. 100.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address **BLCK**
21 **8150 SEMINOLE BLVD.** **SAME AS 2**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **---** 27 **---**
City & State 23 **SEMINOLE, FL.** City & State 28 **SAME**
Zip 24 **34642-4809** PINELLAS Zip 29 **SAME** Country 30 **SAME**

9. Name and Address of Current Registered Agent
RUBLE, MARY E.
8903 PINEHURST DR.
SEMINOLE FL 34647

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUBLE, MARY E
STREET ADDRESS	8903 PINEHURST DR
CITY - ST - ZIP	SEMINOLE, FL 00000
TITLE	ST
NAME	SNODGRASS, LISA M.
STREET ADDRESS	8903 PINEHURST DR
CITY - ST - ZIP	SEMINOLE, FL 00000
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 IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST SNODGRASS, LISA M.
2.3 STREET ADDRESS	5968 64TH TERRACE N.
2.4 CITY - ST - ZIP	PINELLAS PARK, FL 34665
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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: Mary E. Ruble **MARY E. RUBLE** 4/25/95 **813-393-5411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Parentheses)