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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR -8 PM 2:31

DOCUMENT # 688807 (7)

1. Corporation Name
LES & BOB CORPORATION.

Principal Place of Business	Mailing Address
1101 N. BAY STREET C/O ROBERT A. COOPER EUSTIS FL 32726	1101 N. BAY STREET C/O ROBERT A. COOPER EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1980
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2029864 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (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) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COOPER, ROBERT A.
1101 N. BAY STREET
EUSTIS FL 32726

10. Name and Address of New Registered Agent

01 Name: GRELL, RAY M.
02 Street Address (P.O. Box Number is Not Acceptable): 1101 N BAY STREET
03
04 City: EUSTIS FL 05 Zip Code: 32726

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: Ray Grell (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3-2-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	COOPER, ROBERT A.	1.2 NAME	GRELL, RAY M.
STREET ADDRESS	RT 2 BOX 344	1.3 STREET ADDRESS	295 W. CHARLOTTE AVENUE
CITY-ST-ZIP	GROVELAND FL	1.4 CITY-ST-ZIP	EUSTIS, FLORIDA 32726
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	COOPER, LESLIE R.	2.2 NAME	GRELL, MARY E.
STREET ADDRESS	RT 2 BOX 344	2.3 STREET ADDRESS	295 W. CHARLOTTE AVENUE
CITY-ST-ZIP	GROVELAND FL	2.4 CITY-ST-ZIP	EUSTIS, FLORIDA 32726
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: RAY M. GRELL Ray M Grell 2-21-95 357-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040762 CP