## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F53202 **DOCUMENT #** 

(0)

Mailing Address

Principal Place of Business

FT PIERCE FL 34945

B.L. CHARBONEAU, INC.

2789 GENTILE F FT PIERCE FL 3			ntile road Ce FL 34945				
					3. Date Incorporated or Qualified 11/10/1981	3a. Date of L 05/01	ast Report <b>/1995</b>
, Principal Place of Business		2a. Mailing	Address		4. FEI Number		Applied For
]		26			59-2234567		Not Applicable
Suite. Apt. #, etc		Suite,	Suite, Apt. #, etc.		5. Certificate of Status Desired	11 *	8.75 Additional Fee Required
City & State		Orty & <b>28</b>	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country 25	7 <sub>(2)</sub>	30 Co	untry	8. This corporation has liability for in Florida Statutes Yes		ders 199.032,
<u> </u>	9 Name and Address of Current Registered Agent				10. Name and Address of New R	egistered Ager	nt
CHARBON	ieau, Brian L Tile Road		<u> </u>	81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptabl	le)	

11. Pursuant to the provisions of Sections 607.05.22 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84

City

12.	Signature, lipped or prodedinante of registered agriculand this d OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	☐ DELETE	1 1 Tif. <del>f</del>	Change Addition
NAME	CHARBONEAU, KATHLEEN E		1.2 NAME	
STREET ADDRESS	2789 GENTILE ROAD		1.3 STREET ADDRESS	
CITY - ST - Z-P	FT PIERCE FL		1.4 CHY-ST-ZIF	
TITLE	PD	DELETE	2 T 111LE	Change Addition
NAME	CHARBONEAU, BRIAN L		2.2 NAME	
STREET ADDRESS	2789 GENTILE ROAD		2.3 STREET ADDRESS	
City - ST-ZIP	FT PIERCE FL		24 CITY - S1 7 P	
TITLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIF			3.4 CHTY - ST - 7HF	
TITLE		☐ DELETE	4 1 TIFLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-Z:P			4.4.CITY - ST - ZIP	
THILE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DEVETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STRELT ADDRESS	
CITY - ST - ZIP			6.4 C(T) - ST - Z)P	

14. If 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 early, that I am an officer or director of this corporation of 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.

4-30.96 407-461-6869

Zip Code