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 AND FILED

95 MAR -7 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000618 (0)

1. Corporation Name

ROBERT TALBOTT INC.

Principal Place of Business	Mailing Address
P.O. BOX 776 GONZALES CA 93926-0776	P.O. BOX 776 GONZALES CA 93926-0776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/04/1992	01/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 94-1210137 ☐ 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

9. Name and Address of Current Registered Agent

FISHER, JERRY
441 SW 12TH AVE
DEERFIELD BEACH FL 33442

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	TALBOTT, AUDREY S	1.2 NAME	
STREET ADDRESS	TALBOTT STUDIO	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL VALLEY CA 93924-0996	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUNN, HOWARD	2.2 NAME	
STREET ADDRESS	2901 MONTEREY-SALINAS HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEREY CA 93940	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, JAMES A	3.2 NAME	
STREET ADDRESS	2901 MONTEREY-SALINAS HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEREY CA 93940	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	BATES, DAVID T	4.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 527	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL CA 93923	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HALLER, JOHN F	5.2 NAME	
STREET ADDRESS	810 ENCINO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APTOS CA 95003	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	TALBOTT, ROBERT S	6.2 NAME	
STREET ADDRESS	2901 MONTEREY-SALINAS HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEREY CA 93940	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: Robert S. Talbott Robert S. Talbott 408-675-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401062 FN