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 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **F93000002725 (0)**

1. Corporation Name

THE AUBE CORPORATION

Principal Place of Business	Mailing Address
941 PORTLAND ROAD SACO ME 04072	941 PORTLAND ROAD SACO ME 04072

3. Date Incorporated or Qualified: **06/07/1993**

3a. Date of Last Report: **08/10/1994**

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

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

4. FEI Number: **01-0403001** ☐ 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. The corporation has liability for intangibles tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AUBE, RICHARD
5923 BOMAR LANE
BOKEELIA FL 33922

10. Name and Address of New Registered Agent

81 Name: Richard Aube

82 Street Address (P.O. Box Number is Not Acceptable): 2693 8th Ave

83

84 City: St James City — **FL** — 85 Zip Code: 33956

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: [signature] Richard Aube Tres — 5-1-95

(Signature of typed or printed name of registered agent and title of officer) (If not Registered Agent, signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	AUBE, RICHARD L	12 NAME	
STREET ADDRESS	ROUTE 113	13 STREET ADDRESS	
CITY-ST-ZIP	STANDISH ME 04084	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	AUBE, MARIE A	22 NAME	
STREET ADDRESS	ROUTE 113	23 STREET ADDRESS	
CITY-ST-ZIP	STANDISH ME 04084	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	AUBE, RICHARD S	32 NAME	
STREET ADDRESS	943 PORTLAND ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SACO ME 04072	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: [signature] Richard Aube Tres — 5-1-95 — 207 2833271

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) — Date — Daytime Phone #

0403780 FN