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 23 PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94553 (6)

1. Corporation Name

S & M BOBCAT, INC.

Principal Place of Business	Mailing Address
% JOHN L. FREY 711 N.W. 69TH AVENUE MARGATE FL 33063	% JOHN L. FREY 711 N.W. 69TH AVENUE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/04/1984**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2403918** — 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 intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FREY, JOHN L.
711 N.W. 69TH AVENUE
MARGATE FL 33063

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FREY, JOHN L.
STREET ADDRESS	711 N.W. 69TH AVENUE
CITY-ST-ZIP	MARGATE FL
TITLE	STD
NAME	FREY, KELLY A.
STREET ADDRESS	711 N.W. 69TH AVENUE
CITY-ST-ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition) — blank

14. I, the undersigned, 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: Kelly A. Frey Kelly A. Frey 5-19-95 968-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106244 CP