

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:48

DOCUMENT # H26109

(9)

1. Corporation Name

THE FORB CORPORATION

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/18/1984

3a. Date of Last Report

01/13/1994

4. FEI Number

59-2463330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

Principal Place of Business

Mailing Address

% ROBERT L. CRAMER
2109 TUSCARORA TRAIL
MAITLAND FL 32751-0945

% ROBERT L. CRAMER
2109 TUSCARORA TRAIL
MAITLAND FL 32751-0945

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAMER, ROBERT L.
2109 TUSCARORA TRAIL
MAITLAND FL 32751

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

(Signature of the person named as registered agent and that of the corporation)

(Signature of the person named as registered agent and that of the corporation)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CRAMER, ROBERT L.
STREET ADDRESS 2109 TUSCARORA TRAIL
CITY, ST, ZIP MAITLAND FL

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

TITLE D
NAME CRAMER, PHYLLIS H
STREET ADDRESS 2109 TUSCARORA TRAIL
CITY, ST, ZIP MAITLAND FL

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
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 110.07(3)(b), 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 L. Cramer ROBERT L. CRAMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-95 407-647-4478
Date System Phone