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 APR 11 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K73940** **(4)**

1. Corporation Name

LABARBERA AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4144 N. ARMENIA AVE. SUITE 203 TAMPA FL 33607	4144 N. ARMENIA AVE. SUITE 203 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1989
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3802 EHRLICH ROAD	26 3802 EHRLICH ROAD
Suite, Apt. #, etc. 22 STE 306	Suite, Apt. #, etc. 27 STE 306
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33624 / 25 HILLSBOROUGH	Zip / Country 29 33624 / 30 HILLSBOROUGH

4. FEI Number: 59-2941509 ☐ 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	10. Name and Address of New Registered Agent
LABARBERA, GERALDINE G. 4144 ARMENIA AVE. SUITE 203 TAMPA FL 33607	81 Name: LABARBERA, GERALDINE G. 82 Street Address (P.O. Box Number is Not Acceptable): 3802 EHRLICH ROAD 83: STE 306 84 City: TAMPA FL 85 Zip Code: 33624

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	D	11 TITLE	D	☐ Change ☐ Addition
NAME	LABARBERA, GERALDINE G	12 NAME	LABARBERA, GERALDINE G	
STREET ADDRESS	4144 N. ARMENIA AVE. 203	13 STREET ADDRESS	3802 EHRLICH ROAD, STE 306	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	21 TITLE	D	☐ Change ☐ Addition
NAME	LABARBERA, DOMINICK G	22 NAME	LABARBERA, DOMINICK G	
STREET ADDRESS	4144 NO ARMENIA AVE #203	23 STREET ADDRESS	3802 EHRLICH RD, STE 306	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	31 TITLE	D	☐ Change ☐ Addition
NAME	LABARBERA, MICHAEL G	32 NAME	LABARBERA, MICHAEL G.	
STREET ADDRESS	4144 NO ARMENIA AVE #203	33 STREET ADDRESS	3802 EHRLICH RD, STE 306	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	LABARBERA, SCOTT D	42 NAME	LABARBERA, SCOTT D.	
STREET ADDRESS	4144 NO ARMENIA AVE #203	43 STREET ADDRESS	3802 EHRLICH RD, STE 306	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA, FL 33624	
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: _____ 4/7/95 813-961-2545
Signature and Type or Print Name of Director, Officer or Director
GERALDINE G. LABARBERA
Date Daytime Phone #

Q02304 CP