FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY -1 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57228** **(3)**

1. Corporation Name
REB ENTERPRISES, INC.

Principal Place of Business	Mailing Address
PO BOX 547 ASTATULA FL 34705	1117 HILLCREST CT EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1505 Hwy 441
22 Suite, Apt. #, etc.: Tavares
23 City & State: FL
24 Zip: 32778
25 Country: Lake

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

4. FEI Number: 59-2998932 ☐ 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

RICHARDS, ROBERT L
1117 HILLCREST CT
EUSTIS FL 32726

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	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	RICHARDS, ROBERT	1.2 NAME	
STREET ADDRESS	1117 HILLCREST CT	1.3 STREET ADDRESS	Delete
CITY-ST-ZIP	EUSTIS FL 32726	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	P, VP, S, T, D ☒ Change ☐ Addition
NAME	RICHARDS, NINA M	2.2 NAME	Richards, Nina M
STREET ADDRESS	1117 HILLCREST CT	2.3 STREET ADDRESS	1505 W US Hwy 441 #3
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	300001420160 Addition
NAME		4.2 NAME	-05/17/95--01046--003
STREET ADDRESS		4.3 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	OOA
STREET ADDRESS		6.3 STREET ADDRESS	5-1-95
CITY-ST-ZIP		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: Nina M Richards VMR Pres. 5/10/95 904-742-1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046076 CP