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 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L72953** **(7)**

1. Corporation Name
DEBRA M. CORBO INC.

Principal Place of Business	Mailing Address
10431 WINDSOR WAY NAPLES FL 33942	10431 WINDSOR WAY NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 4760 TAMIAMI TRL N	26 4760 TAMIAMI TRL N
Suite, Apt. #, etc. 22 #1A	Suite, Apt. #, etc. 27 #1A
City & State 23	City & State 28
Zip 24 33940 / County 25	Zip 29 33940 / County 30

4. FEI Number: 59-3016693 ☐ 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

7. 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
CORBO, DEBRA M. 10431 WINDSOR WAY NAPLES FL 33942	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4760 TAMIAMI TRL N 83 #1A 84 City: FL 85 Zip Code: 33940

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: Debra M Corbo, president — DEBRA M. CORBO PRES — 4/15/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	CORBO, DEBRA M	12 NAME	
STREET ADDRESS	10431 WINDSOR WAY	13 STREET ADDRESS	4760 TAMIAMI TRL N #1A
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	33940
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	LUCAS, DENNIS R	22 NAME	
STREET ADDRESS	10431 WINDSOR WAY	23 STREET ADDRESS	1000 TAMIAMI TRL N #304
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	33940
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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: Debra M Corbo — DEBRA M. CORBO PRES. — 4/15/95 — (813) 455-1145
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329907 CP