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 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96255 (9)

1. Corporate Name
P B MANAGEMENT CORPORATION

Principal Place of Business
7904 W. DR. #106
NORTH BAY VLG FL 33141
US

Mailing Address
7904 WEST DRIVE #106
NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 08/24/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0223666 — Applied For / Not Applicable

State Apt # or
22

State Apt # or
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State
23

City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has assets of $100,000 or less? Yes ☐ No ☒

9. Name and Address of Current Registered Agent

BILODEAU, PATRICK
7904 WEST DRIVE #106
NORTH BAY VILLAGE FL 33141

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 Section 607.0505, 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. The corporation's board of directors has duly authorized the change and designation.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
BILODEAU, PATRICK
7904 WEST DRIVE #106
NORTH BAY VILLAGE FL

D P S
BILODEAU, Patrick
7904 WEST DRIVE #817
NORTH BAY VILLAGE, FL 33141

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: 01-17-95 04/305-751-8179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0181170 CP