

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M70140** (2)

1. Corporation Name
REBER, INC.



Principal Place of Business: **9685 SOUTH WEST 19TH AVENUE ROAD - OCALA FL 34476-7604 -**
Mailing Address: **9685 SOUTH WEST 19TH AVENUE ROAD OCALA FL 34476-7604 -**

2. Principal Place of Business: **6402 Longlake Drive**
Suite, Apt. #, etc.
City & State: **Daytona Beach, FL**
Zip: **32124** Country: **USA**

2a. Mailing Address: **6402 Longlake Drive**
Suite, Apt. #, etc.
City & State: **Daytona Beach, FL**
Zip: **32124** Country: **USA**

3. Date Incorporated or Qualified: **02/25/1988**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2868818**
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

REBER, WILLIAM E.
~~9685 SW 19TH AVENUE ROAD~~
~~OCALA FL 32676~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **6402 Longlake Drive**
83
84 City: **Daytona Beach** FL 85 Zip Code: **32124**

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: **2/15/96**
By signing, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-instating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: REBER, WILLIAM E. <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9685 SW 19TH AVENUE ROAD	CITY-STATE-ZIP: OCALA FL	12 NAME	
TITLE: STD	NAME: REBER, JANICE <input type="checkbox"/> DELETE	13 STREET ADDRESS: 6402 Longlake Drive	
STREET ADDRESS: 9685 SW 19TH AVENUE ROAD	CITY-STATE-ZIP: OCALA FL	14 CITY-STATE-ZIP: Daytona Beach, FL 32124	
TITLE:	NAME:	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	22 NAME	
TITLE:	NAME:	23 STREET ADDRESS: 6402 Longlake Drive	
STREET ADDRESS:	CITY-STATE-ZIP:	24 CITY-STATE-ZIP: Daytona Beach, FL 32124	
TITLE:	NAME:	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP:	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-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)(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: *Janice Reber* **Janice Reber, sect'y** 2/15/96 (904)767-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)