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 MAR -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M70352 (3)

1. Corporation Name
VAN ROBB, INC.

Principal Place of Business
% EARL DRAYTON FARR, JR.
P.O. BOX 1447
PUNTA GORDA FL 33951-8447

Mailing Address
C/O BMCO 1265 E 56TH ST.
10TH FLOOR
NEW YORK NY 10022
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 C/O BMCO 126 E. 56TH ST.
Suite, Apt. #, etc.
27 10TH FLOOR
City & State
28 NEW YORK NY
Zip 29 10022 Country 30

4. FEI Number: 65-0031126 — 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
FARR, EARL DRAYTON, JR.
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950

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: (Registered Agent Signature required when new agent) (NOTE: Registered Agent Signature required when new agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN CLIEF, MARY ANN	1.2 NAME	
STREET ADDRESS	7290-424 COLLEGE PKY.	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, RALPH J.	2.2 NAME	
STREET ADDRESS	7290-424 COLLEGE PKY.	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	2.4 CITY, ST, ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	HALL, VALERIE	3.2 NAME	
STREET ADDRESS	7290-424 COLLEGE PKY.	3.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I 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)(ii), Florida Statutes. Further I certify that the information contained on the 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Mary Ann Van Clief — PRESIDENT — 2-23-95 — (813)275-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mary Ann Van Clief

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