

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:34

DOCUMENT # **M76025** (9)

1. Corporation Name

LIBERTY BUSINESS MACHINES, INC.

Principal Place of Business

~~3214 S. U.S. 1~~
FT. PIERCE FL 34982

Mailing Address

~~3214 S. U.S. 1~~
FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1988

3a. Date of Last Report

03/02/1994

4. FBI Number

65-0054148

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

2. Principal Place of Business

21 **3212 S. U.S. 1**

2a. Mailing Address

25 **3212 S. U.S. 1**

Suite, Apt. #, etc.

22 **Ste 2**

Suite, Apt. #, etc.

27 **Ste 2**

City & State

23

City & State

28

Zip Country

24

Zip Country

29

30

9. Name and Address of Current Registered Agent

**CAIRNS, GERALD J.
104 CACHE CAY DR.
VERO BEACH FL 32983**

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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Gerald J. Cairns
Signature of and or printed name of registered agent and this if applicable

JERRY CAIRNS
Signature of Registered Agent (signature required when resigning)

1/20/95
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAIRNS, GERALD J.
104 CACHE CAY DR.
VERO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CAMPEAU, GEORGE E
1568 50 CT
VERO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPEAU, MAUREEN
1568 50 CT
VERO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAIRNS, JR, GERALD
1465 31ST AVE
VERO BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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

Gerald J. Cairns
Signature and typed or printed name of signing officer or director
JERRY CAIRNS PRESIDENT

14b

14c