

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra W. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000025376 (3)**

1. Corporation Name  
**CASE-RIBGY OF FMB, INC.**



Principal Place of Business: **1190 ESTERO BLVD. FT. MYERS BCH. FL 33931**  
Mailing Address: **1190 ESTERO BLVD. FT. MYERS BCH. FL 33931**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>03/31/1993</b>		<b>05/01/1995</b>
4.	FET Number	Applied For	
	<b>65-0402142</b>	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RIGBY, SHARON**  
**1190 ESTERO BLVD.**  
**FT MYERS BCH. FL 33931**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 and 607.1503, 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. The officer accept the appointment as registered agent. I am familiar with, and accept the obligations of, Chapter 607, Florida Statutes.

SIGNATURE: *Sharon Rigby*

DATE: **4-5-96**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: <b>PD</b> <input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>RIGBY, SHARON</b>	2. NAME:
3. STREET ADDRESS: <b>260 FAIRWEATHER LN, BOX 2581</b>	3. STREET ADDRESS:
4. CITY-ST-ZIP: <b>FT MYERS BCH FL</b>	4. CITY-ST-ZIP:
5. TITLE: <input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	6. NAME:
7. STREET ADDRESS:	7. STREET ADDRESS:
8. CITY-ST-ZIP:	8. CITY-ST-ZIP:
9. TITLE: <input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	10. NAME:
11. STREET ADDRESS:	11. STREET ADDRESS:
12. CITY-ST-ZIP:	12. CITY-ST-ZIP:
13. TITLE: <input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	14. NAME:
15. STREET ADDRESS:	15. STREET ADDRESS:
16. CITY-ST-ZIP:	16. CITY-ST-ZIP:
17. TITLE: <input type="checkbox"/> DELETE	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	18. NAME:
19. STREET ADDRESS:	19. STREET ADDRESS:
20. CITY-ST-ZIP:	20. 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)(k), 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 and the register 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 from an individual with a real name.

SIGNATURE: *Sharon Rigby*

DATE: **4-5-96** 941-463-5708

CR2E034 (12/95)