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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000055000 (2)

1. Corporation Name
RUBICON HOLDINGS, INC.

Principal Place of Business	Mailing Address
1837 NEBRASKA STREET SARASOTA FL 34231	1837 NEBRASKA STREET SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1993
3a. Date of Last Report: 10/06/1994

2. Principal Place of Business	2a. Mailing Address
21 3930 BROWN AVE.	26 3930 BROWN AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA, FLORIDA	28 City & State: SARASOTA, FLORIDA
24 Zip: 34231 / 25 Country: USA	29 Zip: 34231 / 30 Country: USA

4. FEI Number: ~~APPLIED FOR~~ 65-0528921 ☐ 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

ICARD MERRILL
ATTN: CHRIS CASWELL
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: DANIEL A. BARGER, V.P.
82 Street Address (P.O. Box Number is Not Acceptable): WEST COAST BANK
83 2035 CATTLEMEN RD.
84 City: SARASOTA FL 85 Zip Code: 34232

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: DANIEL A. BARGER 04/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CATTEL, J D
STREET ADDRESS	1837 NEBRASKA STREET
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	3930 BROWN AVE	
1 4 CITY-ST-ZIP	SARASOTA, FL 34231	
2 1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
2 2 NAME	CATTEL, MONISA	
2 3 STREET ADDRESS	3930 BROWN AVE	
2 4 CITY-ST-ZIP	SARASOTA, FL 34231	
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)(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 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: X J. D. CATTEL, PRESIDENT 4/20/95 813-364-9994
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0330428 CP