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 MAY -1 AM 10:16

DOCUMENT # P93000080260 (1)

1. Corporation Name
LDBB, INC.

Principal Place of Business	Mailing Address
2845 STATE ROAD 520 SUITE 204 COCOA FL 32926	P.O. BOX 2092 COCOA FL 32923-2092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3212018	☐ 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:
22. Suite, Apt. #, etc:
23. City & State:
24. Zip: 25. Country:

2a. Mailing Address — 26:
27. Suite, Apt. #, etc:
28. City & State:
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

BORIE, RICHARD C
745 JAMES CIRCLE N.E.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

31. Name
32. Street Address (P.O. Box Number is Not Acceptable)
33.
34. City: FL 35. 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: Richard C. Borie — 4/28/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	BARRETT, LEAH, D	12 NAME	BARRETT, LEAH, D.B.	
STREET ADDRESS	PO BOX 2092	13 STREET ADDRESS	834 EGRET RD	
CITY ST ZIP	COCOA FL 32923-2092	14 CITY ST ZIP	COCOA, FL 32926	
TITLE	C	21 TITLE	C	☒ Change ☐ Addition
NAME	BORIG, RICHARD, C	22 NAME	BORIE, RICHARD, C	
STREET ADDRESS	745 JAMES CIR N.E.	23 STREET ADDRESS	745 JAMES CIRCLE N.E.	
CITY ST ZIP	PALM BAY FL 32905	24 CITY ST ZIP	PALM BAY, FL 32905	
TITLE	ST	31 TITLE	S T	☒ Change ☐ Addition
NAME	BARRETT, PATRICK, E	32 NAME	BARRETT, PATRICK, E	
STREET ADDRESS	P.O. BOX 2092	33 STREET ADDRESS	834 EGRET RD	
CITY ST ZIP	COCOA FL 32923-2092	34 CITY ST ZIP	COCOA, FL 32926	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: Patrick E. Barrett — PATRICK E. BARRETT — 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0420251 FP