

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 25 AM 8:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000004089 (6)

1. Corporation Name
FRED ROHRBOUGH, INC.

Principal Place of Business Mailing Address
10900 HEIL ROAD FORT PIERCE FL 34945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 08/11/1994
4. FEI Number 65-0472668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROHRBOUGH, FRED 10900 HEIL ROAD FORT PIERCE FL 34945		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 _____ (Signature, typed or printed name of registered agent and the 4 application) (NOTE: Registered Agent signature required even if transfer) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	NAME ROHRBOUGH, FRED	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10900 HEIL ROAD	CITY- ST- ZIP FORT PIERCE FL 34945	12 NAME	
		13 STREET ADDRESS	
		14 CITY- ST- ZIP	
TITLE V	NAME ROHRBOUGH, JACQUELYN	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10900 HEIL ROAD	CITY- ST- ZIP FORT PIERCE FL 34945	22 NAME	
		23 STREET ADDRESS	
		24 CITY- ST- ZIP	
		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY- ST- ZIP	
		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY- ST- ZIP	
		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY- ST- ZIP	
		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME	
		63 STREET ADDRESS	
		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(2)(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, 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 of this report, or on an attachment with an address.

SIGNATURE: *Fred Rohrbough* Fred Rohrbough 7-20-95 464-7191
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR (DATE) (PHONE NUMBER)

CR2E034 (3/95)