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

APPROVED AND FILED
1995 APR 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060679 (5)

1. Corporation Name
FIBER, INC.

Principal Place of Business	Mailing Address
7150 NORTH TAMIAMI TRAIL 47 SARASOTA FL 34243	7150 NORTH TAMIAMI TRAIL 47 SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994 650509624
3a. Date of Last Report
4. FEI Number: ~~65050924~~ — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 316 Scott Ave	26 316 Scott Ave
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Sarasota Fl.	28 City & State: Sarasota Fl.
24 Zip: 34243 / 25 Country: Manatee	29 Zip: 34243 / 30 Country: Manatee

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

BARBER, JESS S
7150 NORTH TAMIAMI TRAIL, 47
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name: Barber, Jess S
82 Street Address (P.O. Box Number is Not Acceptable): 316 Scott Ave
83
84 City: Sarasota FL 85 Zip Code: 34243

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FIORE, EDWARD J	1.2 NAME	
STREET ADDRESS	3045 172ND AVENUE, NORTH WEST	1.3 STREET ADDRESS	
CITY ST ZIP	ANDOVER MN 55304	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FIORE, EILEEN	2.2 NAME	
STREET ADDRESS	3045 172ND AVENUE, NORTH WEST	2.3 STREET ADDRESS	
CITY ST ZIP	ANDOVER MN 55304	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	BARBER, JESS S	3.2 NAME	Barber Jess S
STREET ADDRESS	7150 NORTH TAMIAMI TRAIL, 47	3.3 STREET ADDRESS	316 Scott Ave
CITY ST ZIP	SARASOTA FL 34243	3.4 CITY ST ZIP	Sarasota Fl 34243
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BARBER, BARBARA J	4.2 NAME	~~Barbara~~, Barber, Barbara J.
STREET ADDRESS	7150 NORTH TAMIAMI TRAIL, 47	4.3 STREET ADDRESS	316 Scott Ave
CITY ST ZIP	SARASOTA FL 34243	4.4 CITY ST ZIP	Sarasota Fl 34243
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	200 4-28
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	# DEPOSITED BY BANK

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: [signature] Jess S Barber 4/10/95 813-355-5193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0846374 CP