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

95 MAR 13 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074389 (5)

1. Corporation Name

BARBOB, INC.

Principal Place of Business	Mailing Address
46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236	46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-053 35 70 ☐ 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	2a. Mailing Address
21	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

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D,P ☒ Change ☐ Addition
NAME	PATTERSON, JOHN	1.2 NAME	BOBZIEN, BAERBEL
STREET ADDRESS	46 N. WASHINGTON BLVD., #1	1.3 STREET ADDRESS	46 N. WASHINGTON BLVD., #1
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE		2.1 TITLE	VP,S,T ☒ Change ☐ Addition
NAME		2.2 NAME	BOBZIEN, MARTIN H.
STREET ADDRESS		2.3 STREET ADDRESS	46 N. WASHINGTON BLVD., #1
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE		3.1 TITLE	VP ☒ Change ☐ Addition
NAME		3.2 NAME	BOBZIEN, HANS CRISTOPH
STREET ADDRESS		3.3 STREET ADDRESS	46 N. WASHINGTON BLVD., #1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 receivor 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

SIGNATURE: Baerbel Bobzien March 6, 95 V011-49-6195-62430
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

BAERDEL BOBZIEN President

0342866 CP