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 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091574 (1)**

1. Corporation Name

TOCRIBRY, INC.

Principal Place of Business	Mailing Address
2804 DEL PRADO BLVD SUITE 201 CAPE CORAL FL 33904	2804 DEL PRADO BLVD SUITE 201 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1994

3a. Date of Last Report: NA

2. Principal Place of Business
21: 1222 S.E. 47th St.
22: Suite, Apt. #, etc.
23: City & State: Cape Coral, FL
24: Zip: 33904
25: Country: USA

2a. Mailing Address
26: P.O. Box 1444
27: Suite, Apt. #, etc.
28: City & State: Cape Coral, FL
29: Zip: 33910
30: Country: USA

4. FEI Number: 65-0527951 ☐ 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

DELBARTO, C J
2804 DEL PRADO BLVD SUITE 201
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

91 Name: C.J. Del Barto
92 Street Address (P.O. Box Number Is Not Acceptable): 1222 S.E. 47th Street
93:
94 City: Cape Coral FL 95 Zip Code: 33904

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	☐ Change ☐ Addition
NAME	DEL BARTO, C J	1.2 NAME	
STREET ADDRESS	3829 SE 10 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	DEL BARTO, GLORIA D	2.2 NAME	
STREET ADDRESS	3829 SE 10 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DEL BARTO, ANTHONY J	3.2 NAME	
STREET ADDRESS	3829 SE 10 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	HAINES, ROBERT P	4.2 NAME	P Haines, Robert P
STREET ADDRESS	15551 TRIPLE CROWN CT	4.3 STREET ADDRESS	4348 Palm Place
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33905
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	THORTON, EMMETT P	5.2 NAME	V Thornton, Emmett P., Jr.
STREET ADDRESS	15551 TRIPLE CROWN CT	5.3 STREET ADDRESS	4348 Palm Place
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33905
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 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: Robert P Haines 4-28-95 (813) 693-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert P. Haines

0003772 FP