

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082895 (0)

1. Corporation Name

DIROB ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2001 NORTH GOLFVIEW DRIVE
PLANT CITY FL 33567

2001 NORTH GOLFVIEW DRIVE
PLANT CITY FL 33567



2. Principal Place of Business

2a. Mailing Address

21 1825 TAMiami TRAIL

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 PORT CHARLOTTE FL

28

Zip

Country

Zip

Country

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33948

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USA

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/30/1995

4. FEI Number

Applied for

59-3345044

4 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 intang'ble tax under s. 193.032
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

DIGUER, GERARD
2001 NORTH GOLFVIEW DRIVE
PLANT CITY FL 33567

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 type the printed name of the person designated as the registered agent.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V. Pres.
NAME DIGUER GERARD
STREET ADDRESS 2001 NORTH GOLFVIEW DRIVE
CITY - ST - ZIP PLANT CITY FL 33567

TITLE PRES.
NAME ANDRE ROBILLARD
STREET ADDRESS 3829 PELICAN
CITY - ST - ZIP PORT CHARLOTTE FL 33948

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11 TITLE
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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/06/96 813-757-6555

CR2E034 (3/96)