

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 4:20

**DOCUMENT # S28013 (8)**

1. Corporation Name  
**DIBO, INC.**

Principal Place of Business      Mailing Address  
**2225 SOUTH U.S. 1**      **2225 SOUTH U.S. 1**  
**FORT PIERCE FL 34950**      **FORT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/28/1991**      **04/06/1994**

2. Principal Place of Business      2a. Mailing Address  
21.      26.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**65-0236621**      Not Applicable

22.      27.  
City & State      City & State

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

23.      28.  
Zip      Country      Zip      Country

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

24.      25.      29.      30.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STEWART, WILLIAM J.**  
**3355 OCEAN DRIVE**  
**VERO BEACH FL 32963**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE      **P**  
NAME      **REPPA, RICHARD E.**  
STREET ADDRESS      **1840 TARPON LN.**  
CITY - ST - ZIP      **VERO BEACH FL**

TITLE      **VPS**  
NAME      **MCCARTHY, ROBERT**  
STREET ADDRESS      **1441 OCEAN DR. APT 110**  
CITY - ST - ZIP      **VERO BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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:**

*Richard E. Reppa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RICHARD E. REPPA, President**

(Title)

Expiration (If any)