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 11 PM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S34267** **(2)**

1. Corporate Name

R & B SERVICES, INC.

Principal Place of Business	Mailing Address
3816 COUNTRYSIDE LN SARASOTA FL 34233	3816 COUNTRYSIDE LN SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1991**

3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21 —

2a. Mailing Address — 26 —

4. FEI Number: **65-0243294** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 —

Suite, Apt. #, etc. — 27 —

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

City & State — 23 —

City & State — 28 —

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

ZIP — 24 — County — 25 —

ZIP — 29 — County — 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
FALLON, BARBARA M. 3816 COUNTRYSIDE LN SARASOTA FL 34233	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 607.0907 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: Barbara M. Fallon — Barbara M. Fallon — May 8, 1995
(If changing Registered Agent, signature of New Registered Agent required below) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D FALLON, BARBARA M. 3816 COUNTRYSIDE LN SARASOTA FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare, 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 above or on an attachment with an address.

SIGNATURE: Barbara M. Fallon — Barbara M. Fallon — 5/8/95 — (813)925-3850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0340444 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 10 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S34593** **(1)**

1. Corporation Name:

SOWESCO DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
940 CHALMER DRIVE MARCO ISLAND FL 33937	940 CHALMER DRIVE MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **65-0247542** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Contribution 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

ROACH, MICHAEL J.
940 CHALMER DRIVE
SUITE 500 ISLAND TOWER BLDG.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

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 Section 607.1007 and/or 608 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 of New Registered Agent, if changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
Title	DV	Title	☐ Change ☐ Addition
Name	WATSON, AMOS D.	Name	
Mailing Address	940 CHALMER DR.	Mailing Address	
City-St-Zip	MARCO ISLAND FL	City-St-Zip	
Title	DP	Title	☐ Change ☐ Addition
Name	CLAYPOOL, HAROLD CHARLES	Name	
Mailing Address	940 CHALMER DR.	Mailing Address	
City-St-Zip	MARCO ISLAND FL	City-St-Zip	
Title	S	Title	☐ Change ☐ Addition
Name	ROACH, MICHAEL J.	Name	
Mailing Address	931 COLLIER CT A-203	Mailing Address	
City-St-Zip	MARCO ISLAND FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Mailing Address		Mailing Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Mailing Address		Mailing Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Mailing Address		Mailing Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information supplied with this report is accurately furnished and shall remain readily available for the examination stated in Section 607.0505, Florida Statutes. I further certify that the corporation indicated on this annual report or supplemental annual report is in good standing and that no separation shall exist between the same legal title if not 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 1, 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Roach Michael J. ROACH 4/07/95 813 394-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E090 (1/95) CR