

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:16

DOCUMENT # S35582 (3)

1. Corporation Name

ROB'S ALL ABOUT LOCKSMITH, INC

Principal Place of Business

1025 SE 16 ST
FT LAUDERDALE FL 33316
US

Mailing Address

2333 SW 82 TERR
N LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/05/1991

3a. Date of Last Report

03/02/1994

4. FEI Number

65-0247115

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

21

Suite, Apt. #, etc.

2a. Mailing Address

26

9821 NW 18TH Drive

Suite, Apt. #, etc.

27

—

City & State

23

City & State

City & State

28

Plantation, FL

Zip

24

Country

Country

25

33322

Zip

29

33322

Country

30

USA

9. Name and Address of Current Registered Agent

MOGG, ROBERT
2333 SW 82 TERR
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81

Name

Mog-G, Robert

82

Street Address (P.O. Box Number is Not Acceptable)

83

9821 NW 18TH Drive

84

City Plantation

FL

85

Zip Code

33322

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

Robert Mogg President/owner

Robert Mogg

1-28-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MOGG, ROBERT

STREET ADDRESS

2333 SW 82 TERR

CITY - ST - ZIP

N LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Mog-G, Robert

9821 NW 18TH Drive

Plantation, FL 33322

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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)(b), 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 Mogg

Robert Mogg

President/owner

1-28-95 305-522-5033

(Signature and Title of Registered Agent or Director)

Title

Printed Name