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95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V40740** **(5)**

1. Corporation Name
TOBER STONE OF PELICAN BAY, INC.

Principal Place of Business	Mailing Address
5455 TAMIAMI TRAIL NORTH SUITE 500 NAPLES FL 33963 US	5455 TAMIAMI TRAIL NORTH SUITE 500 NAPLES FL 33963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1992
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0349644	☐ Applied For ☐ Not Applicable
21 800 Seagate Drive	26 800 Seagate Drive		
22 Suite 201	27 Suite 201	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 Naples FL	28 Naples FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 33940 25 Country US	29 Zip 33940 30 Country US	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
RAATTAMA, HENRY H., JR. C/O MERSHON, SAWYER, JOHNSTON ET AL., 200 S. BISCAYNE BLVD., #4500 MIAMI FL 33131-2387	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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	DEANE, ANDREA S.	12 NAME	
STREET ADDRESS	5455 TAMIAMI TRAIL, NORTH, SUITE 500	13 STREET ADDRESS	800 Seagate Drive, Suite 201
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	Naples FL 33940
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Andrea Deane 5/11/95 813 262 8866
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0331350 CP