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 JAN 19 AM 9:54

DOCUMENT # **V46961** (1)

1. Corporation Name
ROBERT D. FITZER, INC.

Principal Place of Business	Mailing Address
JUICY LUCY'S 525 NO 15 STR IMMOKALEE FL 33934 US	319 PINE ST. LABELLE FL 33935 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26) 481 6th Ave.
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28) La Belle FL
Zip (24) / Country (25)	Zip (29) 33935 / Country (30) US

3. Date Incorporated or Qualified: 06/30/1992	3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0353528	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	

9. Name and Address of Current Registered Agent

FITZER, ROBERT D.
319 PINE ST.
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 481 6th Ave
83
84 City: La Belle FL 85 Zip Code: 33935

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 title if applicable) (Date) (Registered Agent signature required if ever amended)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PT	11 TITLE	☒ Change ☐ Addition
NAME	FITZER, ROBERT D.	12 NAME	
STREET ADDRESS	319 PINE ST.	13 STREET ADDRESS	481 6th Ave
CITY ST ZIP	LABELLE FL	14 CITY ST ZIP	La Belle FL 33935
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	FITZER, ROBERT D.	22 NAME	
STREET ADDRESS	319 PINE ST.	23 STREET ADDRESS	481 6th Ave
CITY ST ZIP	LABELLE FL	24 CITY ST ZIP	La Belle FL 33935
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	FITZER, ROBIN	32 NAME	
STREET ADDRESS	319 PINE ST.	33 STREET ADDRESS	481 6th Ave
CITY ST ZIP	LABELLE FL	34 CITY ST ZIP	LaBelle FL 33935
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 exemptions 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 added to the report.

SIGNATURE: Robert D Fitzer Robert D. Fitzer 1/12/95 813-657-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code and Daytime Telephone Number)

0114000 CP