

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

APPROVED
AND
FILED

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61638 (5)

1. Corporation Name

LIMBSAVER, INCORPORATED

Principal Place of Business
1390 VENTNOR AVE
TARPON SPRINGS FL 34689

Mailing Address
1390 VENTNOR AVE
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/02/1992

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL-BYRNE, CHRISTOPHER
1390 VENTNOR AVE
TARPON SPRINGS FL 34689

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HILL-BYRNE, CHRISTOPHER
STREET ADDRESS	1390 VENTNOR AVE
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	D
NAME	BLAKE, DORIS
STREET ADDRESS	2869 OLD CASTLE DR
CITY - ST - ZIP	WINTER PARK FL
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	CPT	☒ Change ☐ Addition
1.2 NAME	HILL-BYRNE, CHRISTOPHER R.	
1.3 STREET ADDRESS	1390 VENTNOR AVENUE	
1.4 CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	BLAKE, DORIS	
2.3 STREET ADDRESS	2876 OLD CASTLE DRIVE	
2.4 CITY - ST - ZIP	WINTER PARK, FL 32792	
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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or is signed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER R. HILL-BYRNE C/P/T/S April 27, 1995 (813) 934-6172