**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 03, 2016**
**Secretary of State**
**CC8917054977**

DOCUMENT# S45331

**Entity Name:** CLB, INC.

**Current Principal Place of Business:**

6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608

**Current Mailing Address:**

6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608 US

**FEI Number: 59-3062094**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COX, ALISON L
6450 SW ARCHER RD.
STE. 240
GAINESVILLE, FL 32608 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: ALISON L. COX 03/03/2016

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | DST | Title | DVP |
| Name | SUMMERFIELD, SARA M | Name | MILLER, DAVID M |
| Address | 6450 SW ARCHER RD.<br>STE. 240 | Address | 6450 SW ARCHER RD.<br>STE. 240 |
| City-State-Zip: | GAINESVILLE FL 32608 | City-State-Zip: | GAINESVILLE FL 32608 |
| Title | DPR | Title | D |
| Name | COX, ALISON L | Name | FERENCE, STEPHANIE A |
| Address | 6450 SW ARCHER RD.<br>STE. 240 | Address | 6450 SW ARCHER RD.<br>STE. 240 |
| City-State-Zip: | GAINESVILLE FL 32608 | City-State-Zip: | GAINESVILLE FL 32608 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: SARA M. SUMMERFIELD SEC/TREASURER 03/03/2016

Electronic Signature of Signing Officer/Director Detail — Date