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
95 JUN -1 PM 2:15

DO NOT WRITE IN THIS SPACE

DOCUMENT # 320996 (2)

1. Corporation Name
INSTRUMENT CONTROL SERVICE, INC.

Principal Place of Business	Mailing Address
P O BOX 7126 PENSACOLA FL 32534	P O BOX 7126 PENSACOLA FL 32534

3. Date Incorporated or Qualified: **09/12/1967**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-1200550** ☐ 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	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	BREWTON, BILLY G	1.2 NAME	
STREET ADDRESS	4300 W FRANCISCO 39	1.3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	1.4 CITY ST ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, RAYMOND, A	2.2 NAME	
STREET ADDRESS	4359 D'EVEREUX CIRCLE	2.3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA, FL 00000	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	ZIELINSKI, JIM	3.2 NAME	Claudio Herraiz
STREET ADDRESS	42 BRIGHTON VIEW RD	3.3 STREET ADDRESS	512 76th Street
CITY ST ZIP	FAIRFIELD CT	3.4 CITY ST ZIP	North Bergen, NJ 07047
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCRUGGS, TERRY.	4.2 NAME	
STREET ADDRESS	4618 WHISPER WAY	4.3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALLMENDINGER, GLEN	5.2 NAME	
STREET ADDRESS	10 HOUSTON STREET	5.3 STREET ADDRESS	
CITY ST ZIP	WEST ROXBERRY MA	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(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: R A Moore Jr. 6/1/95 904/968-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Raymond A. Moore, Jr. — Date — Daytime Phone #

0390139 CP

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

DOCUMENT # **322231** **(2)**

1. Corporation Name

LACAVALLA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1710 S. MIAMI AVE. MIAMI FL 33129 US	1710 S. MIAMI AVE. MIAMI FL 33129 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified **10/13/1967**
3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1271860** ☐ 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

FERNANDEZ, MARIA
1710 S. MIAMI AVE.
MIAMI FL 33129

10. Name and Address of New Registered Agent

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 *Maria L. Fernandez VS* *5/8/95*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	**PDT**
NAME	**LACAVALLA, ANTHONY D.**
STREET ADDRESS	**250 BRONXVILLE ROAD**
CITY ST ZIP	**BRONXVILLE NY**
TITLE	**VS**
NAME	**FERNANDEZ, MARIA L.**
STREET ADDRESS	**1710 S. MIAMI AVE.**
CITY ST ZIP	**MIAMI 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MARIA L. FERNANDEZ Maria L. Fernandez* *5/8/95* *305 858-4640*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0126464 CP

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

DOCUMENT # **324433** **(2)**

1. Corporation Name

CHALBAMA INC

Principal Place of Business	Mailing Address
101 CORSAIR DRIVE SUITE 200 DAYTONA BEACH FL 32114-3851	101 CORSAIR DRIVE SUITE 200 DAYTONA BEACH FL 32114-3851

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1967
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21: 730 N. ATLANTIC AVE
22: Suite, Apt. #, etc.
23: DAYTONA BEACH, FL
24: Zip 32118
25: Country USA

2a. Mailing Address
26: 730 N. ATLANTIC AVE
27: Suite, Apt. #, etc.
28: DAYTONA BEACH FL
29: Zip 32118
30: Country USA

4. FEI Number: 59-1198708 ☐ 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

KROL, JOSEPH D.
101 CORSAIR DRIVE, SUITE 200
DAYTONA BEACH FL 32014-0850

10. Name and Address of New Registered Agent

81 Name: MARGARET M. JANUS
82 Street Address (P.O. Box Number is Not Acceptable): 904 PENINSULA DR
83:
84 City: ORMOND BEACH FL 85 Zip Code: 32176

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: MARGARET M. JANUS Margaret M. Janus 6/1/95
(Typed or printed name of registered agent and title if agent is a corporation) (If agent is a corporation, signature of officer or director required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SZEMBORSKI JR,CHESTER C	12 NAME		
STREET ADDRESS	101 CORSAIR DR. #200	13 STREET ADDRESS	730 N. ATLANTIC AVE.	
CITY ST ZIP	DAYTONA BEACH FL	14 CITY ST ZIP	DAYTONA BEACH, FL 32118	
TITLE	VD	21 TITLE	SD	☒ Change ☐ Addition
NAME	JANUS,MARGARET M	22 NAME		
STREET ADDRESS	101 CORSAIR DR. #200	23 STREET ADDRESS	730 N. ATLANTIC AVE.	
CITY ST ZIP	DAYTONA BEACH FL	24 CITY ST ZIP	DAYTONA BEACH, FL 32118	
TITLE	SD	31 TITLE	DELETE	☒ Change ☐ Addition
NAME	SZEMBORSKI,ALFRED A	32 NAME		
STREET ADDRESS	101 CORSAIR DR. #200	33 STREET ADDRESS		
CITY ST ZIP	DAYTONA BEACH FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE	DELETE	☒ Change ☐ Addition
NAME	SCHULTZ,BARBARA B.	42 NAME		
STREET ADDRESS	101 CORSAIR DR. #200	43 STREET ADDRESS		
CITY ST ZIP	DAYTONA BEACH FL	44 CITY ST ZIP		
TITLE	V	51 TITLE	TD	☒ Change ☐ Addition
NAME	JANUS, MARVIN T.	52 NAME		
STREET ADDRESS	101 CORSAIR DR. #200	53 STREET ADDRESS	720 N. ATLANTIC AVE	
CITY ST ZIP	DAYTONA BEACH FL	54 CITY ST ZIP	DAYTONA BEACH, FL 32118	
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 or on an attachment with an address.

SIGNATURE: CHESTER C. SZEMBORSKI JR. 6/1/95 904-255-5491
(Signature and typed or printed name of individual) (Date) (Daytime Phone #)

Chester C. Szemborski Jr.

0007479 CP

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
TALLAHASSEE

DOCUMENT # **327551** **(8)**

1. Corporation Name

GOLDEN HILLS GOLF AND TURF CLUB, INC.

Principal Place of Business	Mailing Address
4782 N W 80TH AVENUE OCALA FL 34482 US	4782 N W 80TH AVENUE OCALA FL 34482 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1968	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1027876	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAKER, JR. L
5807 N.W. 80TH AVENUE ROAD
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name: John Valverde
82 Street Address (P.O. Box Number is Not Acceptable):
83: 4539 NW 84th Terrace
84 City: Ocala FL 85 Zip Code: 34482

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: John Valverde (Typed or printed name of registered agent and title if applicable) — (Registered Agent signature required when mailing) — DATE: 6-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	S	☑ Change ☐ Addition
NAME	BAKER, JR. L	12 NAME		
STREET ADDRESS	5807 N.W. 80TH AVENUE RD	13 STREET ADDRESS		
CITY ST ZIP	OCALA FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE	D	☑ Change ☐ Addition
NAME	SHARP, J. JAMES	22 NAME		
STREET ADDRESS	5080 N.W. 75TH AVE	23 STREET ADDRESS		
CITY ST ZIP	OCALA FL	24 CITY ST ZIP		
TITLE	S	31 TITLE	D	☑ Change ☐ Addition
NAME	SOMMERS, BETTY	32 NAME	Donald Mustaine	
STREET ADDRESS	RTE. 1, BOX 550 N/A	33 STREET ADDRESS	4690 NW 78th Avenue	
CITY ST ZIP	OCALA FL	34 CITY ST ZIP	Ocala, FL 34482	
TITLE	T	41 TITLE	VP	☑ Change ☐ Addition
NAME	LANGLOIS, JACK D	42 NAME		
STREET ADDRESS	8335 NW 47TH ST	43 STREET ADDRESS		
CITY ST ZIP	OCALA FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	T	☑ Change ☐ Addition
NAME	BEARSE, RICHARD	52 NAME		
STREET ADDRESS	2216 SE ASHLEY CT	53 STREET ADDRESS		
CITY ST ZIP	OCALA FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	P	☑ Change ☐ Addition
NAME	VALVERDE, JOHN	62 NAME		
STREET ADDRESS	4539 N.W. 84TH TERRACE	63 STREET ADDRESS		
CITY ST ZIP	OCALA FL	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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

09/2007 CP