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 JUN 13 AM 10:16

DOCUMENT # 397363 (3)

1. Corporation Name

CRYSTAL EXPLORATION AND PRODUCTION COMPANY

Principal Place of Business	Mailing Address
229 MILAM ST CRYSTAL OIL BLDG P O BOX 21101 SHREVEPORT LA 71120	229 MILAM ST CRYSTAL OIL BLDG P O BOX 21101 SHREVEPORT LA 71120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1972	3a. Date of Last Report: 04/20/1994
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)
4. FEI Number: 74-1751463	☐ 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

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
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	V	11 TITLE	☐ Change ☐ Addition
NAME	CLINTON, SAM J.	12 NAME	
STREET ADDRESS	229 MILAM STREET	13 STREET ADDRESS	
CITY ST ZIP	SHREVEPORT, LA 00000	14 CITY ST ZIP	
TITLE	VPT	21 TITLE	VP T,S ☒ Change ☐ Addition
NAME	BALLEW,JEFFERY A.	22 NAME	Ballew, Jeffery A.
STREET ADDRESS	229 MILAM STREET	23 STREET ADDRESS	229 Milam St.
CITY ST ZIP	SHREVEPORT, LA 00000	24 CITY ST ZIP	Shreveport, LA 71120
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	CASKEY, L G	32 NAME	delete
STREET ADDRESS	229 MILAM STREET	33 STREET ADDRESS	
CITY ST ZIP	SHREVEPORT, LA 00000	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	AVERETT, JOE N.,JR.	42 NAME	
STREET ADDRESS	229 MILAM STREET	43 STREET ADDRESS	
CITY ST ZIP	SHREVEPORT LA	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	also see attachment
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)(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: _____ Asst Secretary 6/2/95 222-7791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400436 FN

3973 63

CRYSTAL EXPLORATION AND DEVELOPMENT COMPANY
(A FLORIDA CORPORATION)

BOARD OF DIRECTORS:

NAME	ADDRESS
J.N. AVERETT, JR.	229 MILAM ST, SHREVEPORT, LA 71101
SAM J. CLINTON	229 MILAM ST, SHREVEPORT, LA 71101
J.A. BALLEW	229 MILAM ST, SHREVEPORT, LA 71101

OFFICERS:

J.N. AVERETT, JR.	PRESIDENT
SAM J. CLINTON	VICE PRESIDENT
J.A. BALLEW	VP/ TREASURER/ SECRETARY
PAUL E. HOLMES	ASSISTANT SECRETARY
JOHN W. WALSH	ASSISTANT SECRETARY

ADDRESS FOR ALL OF THE ABOVE - 229 MILAM ST, SHREVEPORT, LA 71101

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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 MAY 11 PM 6:52

DOCUMENT # **399873** **(9)**

1. Corporation Name
STROMING AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
2529 N.E. 15TH STREET POMPANO BEACH FL 33062-5200	2529 N.E. 15TH STREET POMPANO BEACH FL 33062-5200

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1972**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

4. FEI Number: **59-1397924** ☐ 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

7. This corporation has authority to issue intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STROMING, JACK M.
2529 N.E. 15TH STREET
POMPANO BEACH FL 33062

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 _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STROMING, JACK S	12 NAME	
STREET ADDRESS	2529 WE 1ST ST	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	STROMING,HELEN	22 NAME	
STREET ADDRESS	2529 N.E. 15TH STREET	23 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	STROMING, HELEN	32 NAME	
STREET ADDRESS	2529 N.E. 15TH STREET	33 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	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: Helen Stroming VPD 6/8/95 305-944-2536
SIGNATURE AND TYPED OR PRINTED NAME OF NUMBER OFFICER OR DIRECTOR — Date — Daytime Phone #
Helen Stroming

0104000 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **404448** **(3)**

1. Corporation Name
LUDLUM CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
4320 SW GROVE ST. PALM CITY FL 34990	4320 SW GROVE ST. PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1976**
3a. Date of Last Report: **01/27/1994**

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

4. FEI Number: **59-1413673** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNGEY, RICHARD J.
1100 S. FEDERAL HIGHWAY
SUITE 100
STUART FL 34994

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 _____
Signature, type(s) 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	LUDLUM, JR., NOAH W	12 NAME		
STREET ADDRESS	4320 SW GROVE STREET	13 STREET ADDRESS		
CITY ST ZIP	PALM CITY FL	14 CITY ST ZIP		
TITLE	STD	21 TITLE	T/D	☒ Change ☐ Addition
NAME	LUDLUM, BONNIE	22 NAME	LUDLUM,BONNIE	
STREET ADDRESS	4320 SW GROVE STREET	23 STREET ADDRESS	4320 SW GROVE STREET	
CITY ST ZIP	PALM CITY FL	24 CITY ST ZIP	PALM CITY, FL 34990	
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	LUDLUM,TIMOTHY D.	
STREET ADDRESS		33 STREET ADDRESS	3697 SW VICEROY STREET	
CITY ST ZIP		34 CITY ST ZIP	FORT ST.LUCIE,FL 34953	
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		

CR2E034 (3/95)

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: BONNIE LUDLUM Bonnie Ludlum Assistant JUNE 8, 1995 (407)287-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110010 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 405586 (9)

1. Corporation Name

HANDSEL ELECTRIC CO. OF FLORIDA

Principal Place of Business	Mailing Address
25 NW 57TH AVE. MIAMI FL 33126	25 NW 57TH AVE. MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/25/1972	08/23/1994

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

4. FEI Number: 59-1410520 ☐ 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	10. Name and Address of New Registered Agent
HANDSEL, LENARD 11491 N.W. 2 STREET MIAMI FL 33172	81 Name: HANDSEL, LENARD 82 Street Address (P.O. Box Number is Not Acceptable): 9551 FONTAINEBLEAU BOULEVARD 83: APARTMENT 103 84 City: MIAMI FL 85 Zip Code: 33172

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	VD	11 TITLE	☒ Change ☐ Addition
NAME	HANDSEL, LENARD	12 NAME	HANDSEL, LENARD
STREET ADDRESS	11491 N.W. 2ND STREET	13 STREET ADDRESS	9551 FONTAINEBLEAU BOULEVARD APT 103
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FLORIDA 33172
TITLE	PS	21 TITLE	☒ Change ☐ Addition
NAME	PEARL, ELLEN	22 NAME	PEARL, ELLEN
STREET ADDRESS	11491 N.W. 2ND STREET	23 STREET ADDRESS	9551 FONTAINEBLEAU BOULEVARD APT 103
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FLORIDA 33172
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	

CR2E034 (3/95)

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: _____ JUNE 8, 1995 (305) 261-2471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LENARD HANDSEL

0004480 CP