

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 498281

(5)

1. Corporation Name

THE FLORIDA AD COMPANY

Principal Place of Business

C/O WATSCO INC
2005 S. BAYSHORE DRIVE, SUITE 901
COCONUT GROVE FL 33133
US

Mailing Address

C/O WATSCO INC
2005 S. BAYSHORE DRIVE, SUITE 901
COCONUT GROVE FL 33133
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/05/1976

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2005843

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

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, RONALD P.
2005 S. BAYSHORE DRIVE
SUITE 901
COCONUT GROVE FL 33133

81 Name

KENNETH A. PERKINS

82 Street Address (P.O. Box Number is Not Acceptable)

8GEMAIRE DISTRIBUTORS, INC.

83

2151 W. HILLSBORO BLVD #400

84

DEERFIELD BEACH,

FL

85 Zip Code

33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME NEWMAN, RONALD P.
STREET ADDRESS 2005 S. BAYSHORE DR. #901
CITY - ST - ZIP COCONUT GROVE FL

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DP
NAME PERKINS, KENNETH A.
STREET ADDRESS 100 LOCK ROAD
CITY - ST - ZIP DEERFIELD BEACH FL

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

☒ Change ☐ Addition

2151 W. HILLSBORO BLVD #400

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

☐ Change ☒ Addition

VP
MANUEL J. PEREZ de la MESA
2151 W. HILLSBORO BLVD #400
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

☐ Change ☒ Addition

T
SERGIO A. RODRIGUEZ
2151 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Kenneth A. Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime Please)