FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 511389 (9)

1. Corporate Name
CLADIS ENTERPRISES, INC.

Principal Place of Business
1301 N.E. 4TH AVENUE
C/O NICKOLAS CLADIS
FT. LAUDERDALE FL 33304

Mailing Address
1301 N.E. 4TH AVENUE
C/O NICKOLAS CLADIS
FT. LAUDERDALE FL 33304

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

3. Date Incorporated or Qualified: 08/27/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1689490 ☐ 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
CLADIS, NICKOLAS 1301 NORTHEAST FOURTH AVENUE FT. LAUDERDALE FL	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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KLADIS, NIKOLAS	1.2 NAME	
STREET ADDRESS	2001 N.E. 33RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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(1)(a), 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: Nikolas Kladis NIKOLAS KLADIS 5-2-95 305-764-5013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011243 CP

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 511432 (7)

1. Corporation Name

C.A. OAKES CONSTRUCTION COMPANY, INC.

Principal Place of Business: 14409 N NEBRASKA AVENUE, TAMPA FL 33613-9226

Mailing Address: 14409 N NEBRASKA AVENUE, TAMPA FL 33613-9226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1976

3a. Date of Last Report: 01/19/1994

4. FEI Number: 59-1687447 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business / 2a. Mailing Address

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
OAKES, CHARLES A. 14409 N NEBRASKA AVE TAMPA FL 33613-9226	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	OAKES, CHARLES A	
STREET ADDRESS	15906 WILLOWDALE RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ Change ☐ Addition
NAME	OAKES, NANCY P	
STREET ADDRESS	15906 WILLOWDALE RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☒ Change ☐ Addition
NAME	SCHULTZ, RICHARD W.	Delete
STREET ADDRESS	3518 LK. JOYCE DRIVE	
CITY-ST-ZIP	LAND O' LAKES FL	
TITLE	D	☒ Change ☐ Addition
NAME	ROBBINS, RONALD	Delete
STREET ADDRESS	104 EDMONTON LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Charles A Oakes — Charles A Oakes 4-30-95 813 972-3922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0296069 CP