

# H34349

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

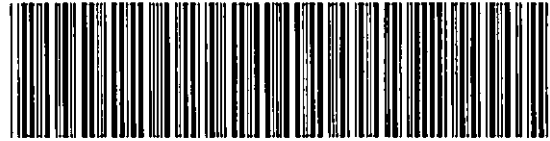
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200328066382

JACK P. PANKOS, III  
ATTORNEY AT LAW

1941 OCT 17 AM 10:30

**FORT MYERS, FLORIDA 83902**

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November 29, 1984

Secretary of State  
Division of Corporations  
The Capitol  
Tallahassee, Florida 32304

RE: COMFORT ZONE, INC.

Dear Sir:

Please find enclosed Articles of Incorporation for COMFORT ZONE, INC. along with check in the amount of \$63.00 to cover the filing fee in connection herewith.

If you have any questions, please do not hesitate to advise.

Very truly yours,

*Doris Harlachner*  
Doris Harlachner  
Secretary of Jack Pankow

**Enclosures**

2:AOI/LTR

|               |                 |
|---------------|-----------------|
| DATE          | 12-14-84        |
| DOCTOR'S NAME | Dr. [Signature] |
| LOCATION      | [Signature]     |
| REMARKS       | [Signature]     |
| TESTS         | [Signature]     |
| PHYSICIAN     | [Signature]     |
| TESTS         | [Signature]     |
| PHYSICIAN     | [Signature]     |

ARTICLES OF INCORPORATION

OF

COMFORT ZONE, INC.

FILED

DEC 17 1962

RECORDED  
INDEXED

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be COMFORT ZONE, INC.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one (1) time is Five Hundred (500) shares of common stock having a par value of One Dollar (\$1.00) per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 3326 SE 15th Place, Cape Coral, Florida 33904 and the initial registered agent of the corporation at that address is Rodney Troyer.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

This corporation shall have three (3) Directors, initially. The name and street address of the Directors are:

|               |                                              |
|---------------|----------------------------------------------|
| Rodney Troyer | - 3326 SE 15th Place<br>Fort Myers, FL 33904 |
| Lynn Troyer   | - Post Office Box 446<br>Milford, NE 68405   |
| Don Zechmann  | - 4204 SE 1st Place<br>Cape Coral, FL 33904  |

ARTICLE VII. OFFICERS

The name of the initial officer(s) of the corporation which shall hold office for the first year of the corporation or until his/her successors are elected or appointed is:

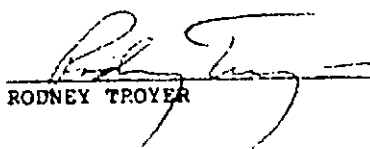
|                                          |                                              |
|------------------------------------------|----------------------------------------------|
| Rodney Troyer, President                 | - 3326 SE 15th Place<br>Cape Coral, FL 33904 |
| Lynn Troyer, Vice President              | - Post Office Box 446<br>Milford, NE 68405   |
| Don Zechmann, Vice President             | - 4204 SE 1st Place<br>Cape Coral, FL 33904  |
| Virginia Troyer, Secretary/<br>Treasurer | - 3326 SE 15th Place<br>Cape Coral, FL 33904 |

ARTICLE VIII. SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation is:

Rodney Troyer - 3326 SE 15th Place  
Cape Coral, FL 33904

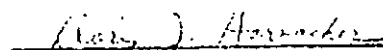
IN WITNESS WHEREOF the subscriber has hereunto set his name and seal on this 5 day of December, 1984.

  
RODNEY TROYER

STATE OF FLORIDA )  
COUNTY OF LEE )

Sworn to and subscribed before me this 3rd day of December, 1984.

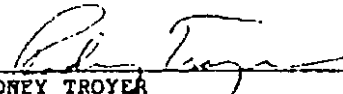
My Commission Expires:  
Notary Public, State of Florida  
My Commission Expires Dec. 8, 1987

  
Notary Public

REGISTERED AGENT CERTIFICATE

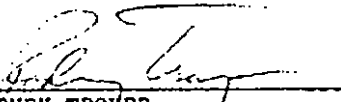
Pursuant to Chapter 48.901, Florida Statutes, the following is submitted in compliance with said Act.

That, COMFORT ZONE, INC. desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at 3326 SE 15th Place, Cape Coral, Florida 33904 and Rodney Troyer as its agent to accept service within this state.

  
\_\_\_\_\_  
RODNEY TROYER

ACKNOWLEDGMENT

Having been named to accept service of process of the above-stated corporation at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

  
\_\_\_\_\_  
RODNEY TROYER



Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

33934

1227 SE 9<sup>th</sup> Tr.

Cape Girardeau

FL 35904

12/17/1984

59-2499530

| NAME OF OFFENSE<br>AND CATEGORY | STATUS | ADDRESS AND CITY   | CITY AND STATE |
|---------------------------------|--------|--------------------|----------------|
| 1. FROYER, RODNEY               | P/D    | 3326 SE 15TH PLACE | FT. MYERS, FL  |
| 2. FROYER, LYNN                 | V/D    | P.O. BOX 446       | MILFORD, FL    |
| 3. BECHMANN, DON                | V/D    | 4224 SE 1ST PLACE  | CAPE CORAL, FL |
| 4. FROYER, VIRGINIA             | S/T    | 3326 SE 15TH PLACE | CAPE CORAL, FL |
| 5.                              |        |                    |                |
| 6.                              |        |                    |                |

### Registered Agent Information

| 2. Name and Address of Current Registered Agent          | 3. Name and Address of New Registered Agent |
|----------------------------------------------------------|---------------------------------------------|
| TROYER, RODNEY<br>1100 S.E. 15TH PLACE<br>CAPE CORAL, FL | [REDACTED]<br>[REDACTED]<br>[REDACTED]      |
| 33904                                                    | [REDACTED]<br>[REDACTED]                    |

1. The purpose of this document is to provide information regarding the proposed changes to the rules of the Board of Directors of the Florida State Board of Education. The proposed changes are intended to improve the efficiency and effectiveness of the Board's operations and to ensure that the Board is able to fulfill its responsibilities in a timely and effective manner. The proposed changes are being presented to the Board for its consideration and approval.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 01-11-2001 BY 60322 UCBAW

DATE \_\_\_\_\_

**\$3.00 additional fee required for Registered Agent changes.**

Source: *Journal of the American Statistical Association*, 1997, 92, 1033-1046.

1. I am an American citizen, the President of the United States, and I am proud to be a part of the American family. I am proud to be a part of the American family.

Date 4/15/85

Redner, J. Tropea. Pres. (813) 549 8556

**\$5 additional fee required for a Certificate of Status**

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1986



George F. Eustace  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1986 MAR 11 PM 3:17

Read Notice and Instructions on Other Side Before Making Entries.  
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

|                                                                           |  |                                                                                |  |
|---------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 1. Name and Address of Corporation Principal Office:                      |  | 2. Enter name of Principal Officer (If not sufficient, attach separate sheet): |  |
| H3-4349<br>COMFORT ZONE, INC.<br>1227 SE 9TH TERR<br>CAPE CORAL, FL 33904 |  | TALLAHASSEE, FLORIDA                                                           |  |
| Street Address 21                                                         |  | P.O. Box No. 22                                                                |  |
| City and State 33                                                         |  | Zip Code 24                                                                    |  |

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

|                                                                         |                                                              |                                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------|
| 3. Date Incorporated or Qualified to Do Business in Florida: 12/17/1984 | 4. Federal Employer Identification Number (FEIN): 59-2499550 | 5. Date of Last Report: 04/23/1985 |
|-------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------|

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State            |
|---------------------------------|-------|----------------------------------------------------------------------------------|---------------------------|
| TROYER, RODNEY                  | P/D   | <del>3326 SE 15TH PLACE</del><br>1405 EL Dorado Pkwy                             | FT. MYERS, FL 33914       |
| TROYER, LYNN                    | V/D   | <del>P.O. BOX 446</del><br>1918 SE 9th Terr.                                     | MILFORD, FL 33904         |
| ZEDERHILL, DON                  | V/D   | <del>1204 SE 1ST PLACE</del>                                                     | CAPE CORAL, FL (Resigned) |
| TROYER, VIRGINIA                | S/T   | <del>3326 SE 15TH PLACE</del><br>1405 EL Dorado Pkwy                             | CAPE CORAL, FL 33914      |

### REGISTERED AGENT INFORMATION

|                                                              |  |                                                                                |  |
|--------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 1. Name and Address of Current Registered Agent              |  | 2. Name and Address of New Registered Agent                                    |  |
| TROYER, RODNEY<br>3326 SE 15TH PLACE<br>CAPE CORAL, FL 33904 |  | Name 21<br>Street Address (Do NOT Use P.O. Box Number) 22<br>City and State 33 |  |
|                                                              |  | 1405 EL Dorado Pkwy<br>FL 33914                                                |  |

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the officers and directors of the corporation, and that such change was authorized by resolution duly adopted by its Board of Directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of, Section 607.035, F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$2.00 additional fee required for Registered Agent changes.**

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer's name must be listed in block 1)

|                       |                  |
|-----------------------|------------------|
| Signature of Officer  | Date             |
| <i>[Signature]</i>    | 3/5/86           |
| Print Name of Officer | Signature Number |
| RODNEY TROYER         | 599-8556         |

FILE NOW! ANNUAL REPORT TELEPHONIC AFTER JULY 1, 1987



**Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State**

434544  
TROYER CORP. INC.  
1307 S.E. 9TH TERR  
CAPE CORAL, FL 33914

Change of Address of Corporation Principals  
Check P.O. Box Number Along with Report

Report Addressed to

P.O. Box No. 00

City and State 00

Zip Code 00

When received, immediately mail with the report to the address  
shown on the back of this form.

12-17-1984

59-2490650

Date of Last Report 03-11-1986

TROYER, ROONEY

P.O.

1405 EL DORADO PKWY U.

CAPE CORAL, FL. 33914

TROYER, LYNN

V.O.

1318 S.E. 9TH TERR.

CAPE CORAL, FL. 33904

TROYER, VIRGINIA

S.T.

1405 EL DORADO PKWY U.

CAPE CORAL, FL. 33914

**REGISTERED AGENT INFORMATION**

TROYER, ROONEY  
1405 EL DORADO PKWY U.  
CAPE CORAL, FL 33914

Name and Address of New Registered Agent

Report to

Report Addressed to (Do Not Use P.O. Box Number) 00

Report Addressed to (Do Not Use P.O. Box Number) 00

City and State 00

FL

Zip Code 00

This report is required by law to be filed with the Secretary of State of the State of Florida, and the  
failure to file this report may result in the suspension of the corporation's right to do business in the State of Florida.

The report must be filed with the Secretary of State of the State of Florida, and the failure to file this report may result in the suspension of the corporation's right to do business in the State of Florida.

DATE

**\$3.00 additional fee required for Registered Agent changes.**

This report is required by law to be filed with the Secretary of State of the State of Florida, and the failure to file this report may result in the suspension of the corporation's right to do business in the State of Florida.

Rooney J. Troyer

Signature

1/26/87

Signature Number

374 4520

**\$3.00 Additional Fee  
Required for  
Continuation of Status**

**\$5 Additional Fee** required for a Certificate of Status

THIS CARD ANNUAL REPORT DUE/INVEST AFTER JULY 1ST

1989

Filing Fee of \$38 Required — Make Checks Payable To: Secretary of State

21P \* 3

HR4349 1  
COMFORT CORP, INC.  
1217 SE 9TH TERR  
CAPE CORAL, FL 33990-3006

1217 SE 12TH ST

PEPPER 150490

Cape Coral FL

33905-0490

12/17/1984

59-2499550

03/02/1986

|     |                  |                        |                 |
|-----|------------------|------------------------|-----------------|
| S/D | TROYER, RODNEY   | 1405 EL DORADO PKWY W. | CAPE CORAL, FL. |
| V/D | TROYER, LYNN     | 1013 S.E. 9TH TERR.    | CAPE CORAL, FL. |
| S/T | TROYER, VIRGINIA | 1405 EL DORADO PKWY W. | CAPE CORAL, FL. |
| P/D | Troyer, Lynn     | 1911 SE 4th St         | Cape Coral, FL  |
| S/T | Troyer, Barbara  | 1911 SE 4th st.        | Cape Coral, FL  |

REGISTERED AGENT INFORMATION

TROYER, RODNEY  
1405 EL DORADO PKWY W.  
CAPE CORAL, FL 33914

Lynn Troyer

1911 SE 4TH ST

Cape Coral FL

FL 33990

Aug 30, 1988

*[Signature]*

2/27/89

*[Signature]*

President

813 772 4097

IS Admin  
Cape Coral, FL

100-443887-100

ANNUAL REPORT  
1990[illegible]

1951 MAR 27 PM 12:42

**Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State**

[illegible]

H34349 1

ZIP \* 4 PRESORT

COMFORT ZONE, INC.  
1014 SE 12 CT.  
P O BOX D150490  
CAPE CORAL, FL 33915

4. The Commission has also received information from the Ministry of Health, that the Ministry is planning to conduct a study on the health of the population in the area of the proposed project.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.

**075**  $\frac{1}{x^2} = x^{-2}$ .  $N^{\circ}$

6.1.35. *Libinia* 24

1. The first group of respondents (Group 1) consisted of 100 individuals who were randomly selected from the general population of the United States. This group was used to establish the baseline for the study.

המחבר מודה כי אין זה נכון להניח כי כל המדינות  
הנ"ל הן מדינות דמוקרטיות.

|               |                   |          |                   |                                       |
|---------------|-------------------|----------|-------------------|---------------------------------------|
| Date Reported | Quoted<br>Date    | File No. |                   | Estimate Amount<br>Estimated by Agent |
|               | <b>12/17/1984</b> |          | <b>59-2499550</b> |                                       |

[illegible]

P/D TROYER, LYNN

1911 SE 4TH ST.

CAPE CORAL, FL.

S/T TROYER, LYNN

1911 SE 4TH ST.

CAPE CORAL, FL.

**REGISTERED AGENT INFORMATION**

TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL, FL 33990

LYNN TROYER

1911 S.E. 4<sup>th</sup> ST.

CAPE CORAL

FL. 33791

1. The results of the present study of the effects of the 1971-72 drought on the growth and reproduction of the *Acacia drepanolobium* population in the study area are as follows:

(a) The growth of the population was significantly reduced in 1972 compared to 1971.

(b) The reproduction of the population was significantly reduced in 1972 compared to 1971.

(c) The population was significantly reduced in 1972 compared to 1971.

(d) The population was significantly reduced in 1972 compared to 1971.

(e) The population was significantly reduced in 1972 compared to 1971.

(f) The population was significantly reduced in 1972 compared to 1971.

(g) The population was significantly reduced in 1972 compared to 1971.

(h) The population was significantly reduced in 1972 compared to 1971.

(i) The population was significantly reduced in 1972 compared to 1971.

(j) The population was significantly reduced in 1972 compared to 1971.

(k) The population was significantly reduced in 1972 compared to 1971.

(l) The population was significantly reduced in 1972 compared to 1971.

(m) The population was significantly reduced in 1972 compared to 1971.

(n) The population was significantly reduced in 1972 compared to 1971.

(o) The population was significantly reduced in 1972 compared to 1971.

(p) The population was significantly reduced in 1972 compared to 1971.

(q) The population was significantly reduced in 1972 compared to 1971.

(r) The population was significantly reduced in 1972 compared to 1971.

(s) The population was significantly reduced in 1972 compared to 1971.

(t) The population was significantly reduced in 1972 compared to 1971.

(u) The population was significantly reduced in 1972 compared to 1971.

(v) The population was significantly reduced in 1972 compared to 1971.

(w) The population was significantly reduced in 1972 compared to 1971.

(x) The population was significantly reduced in 1972 compared to 1971.

(y) The population was significantly reduced in 1972 compared to 1971.

(z) The population was significantly reduced in 1972 compared to 1971.

DATE: 11/11/2011 TIME: 11:11 AM PAGE: 1

Figure 1. The effect of the concentration of the *Agaricus bisporus* spores on the growth of *Agaricus bisporus* and *Agaricus bisporus* spores on the growth of *Agaricus bisporus* spores.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

By Tappan

2.4.4. 72,144 f

PRESIDENT

3/17/20

813 274 2327

**25. Accounting Principles**  
**Intermediate**  
**October 15, 1995**

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT  
1991.



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
TALLAHASSEE, FL.  
FILED

Read Instructions on Other Side Before Making Entries  
**FILING FEE OF \$61.25 REQUIRED**

State and Mailing Address of Corporation

**DOCUMENT #H34349**

(1)

**COMFORT ZONE, INC.**  
1014 SE 12 CT.  
P O BOX D150490  
CAPE CORAL, FL 33915

DO NOT WRITE IN THIS SPACE

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an Amendment.

21 Street Address

1014 S.E. 12<sup>th</sup> Ct.

22 P.O. Box No.

P.O. Box 150490

23 City and State

CAPE CORAL, FL.

24 Zip Code

33915

3 Filing Date of Report or Certified  
Statement in Florida

12/17/1984

4 FEE Number

59-2499550

FEE Number Applied For

FEE Number Not Applicable

5 \$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6 Name and Street Address of Each Officer and Director (Do not use any correction label or mail to file correction or current information)

| 7   | 8 Names of Officers<br>and Directors | 9 Street Address of Each<br>Officer and Director<br>(Do NOT use P.O. Box for home) | 10 City and State |
|-----|--------------------------------------|------------------------------------------------------------------------------------|-------------------|
| P/D | TROYER, LYNN                         | 1911 SE 4TH ST.                                                                    | CAPE CORAL, FL.   |
| S/T | TROYER, LYNN                         | 1911 SE 4TH ST.                                                                    | CAPE CORAL, FL.   |
| V   | TROYER, BARBARA                      | 1911 S.E. 4 <sup>th</sup> St.                                                      | CAPE CORAL, FL.   |
|     |                                      |                                                                                    |                   |
|     |                                      |                                                                                    |                   |
|     |                                      |                                                                                    |                   |
|     |                                      |                                                                                    |                   |
|     |                                      |                                                                                    |                   |
|     |                                      |                                                                                    |                   |
|     |                                      |                                                                                    |                   |

**REGISTERED AGENT INFORMATION**

11 Complete listing of Current Registered Agents

TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL, FL 33990

12 Name

13 Street Address (Do NOT use P.O. Box Number)

14 Street Address (Do NOT use P.O. Box Number)

15 City

FL

16 Zip Code

17 This document is filed pursuant to Sections 607.0501 and 607.0504, Florida Statutes. The above information is provided to the Department for the purpose of changing the name of the corporation to be filed in the State of Florida. Such provision will apply to the corporation's name of all officers and directors. The Department will not accept any filing of this document unless the corporation has filed a Certificate of Status with the Department. Such filing is required by Sections 607.0501 and 607.0504, Florida Statutes.

18 Date of Filing: \_\_\_\_\_  
19 Registered Agent's Signature: \_\_\_\_\_

20 Notarized Signature of Registered Agent: \_\_\_\_\_

21 I, the undersigned, being duly sworn, depose and say that the above information is true and accurate and that my signature shall have the same legal effect as if signed by the undersigned in person. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 12/17/84 at Cape Coral, Florida.

*Lynn Troyer*  
LYNN TROYER

President

12/17/91

513 1574-2307

**FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State** **\$8.75 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST.

ANNUAL REPORT  
1992



Department of State  
DIVISION OF CORPORATIONS

1992

1992  
ALL INFORMATION  
FIELD

Read Instructions on Extra Page before Making Entry

FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name of Mailing Address of Corporation: **DOCUMENT # H34349 (1)**

**COMFORT ZONE, INC.**  
1014 SE 12 CT.  
P.O. BOX 150490  
CAPE CORAL FL 33990-3659

2. If Address in Block 1 is incorrect, please enter correct information and enter the correct date by which the information must be corrected.

21 Mailing Address

22 P.O. Box No.

23 City and State

3. Date of Incorporation or Date of  
To Do Business in Florida: **12/17/1984**

4. Filing Number: **59-2499550**  
5. Filing Fee: **\$0.75** Additional Fee required for a Certificate of Status  
6. Certificate of Status: **CERTIFICATE OF STATUS**

7. Name and Address of each Officer and Director (If corporation is not a corporation, enter name and address of each owner.)

| 1   | 2                            | 3                                         | 4               |
|-----|------------------------------|-------------------------------------------|-----------------|
|     | Name of Officer and Director | Home Address of each Officer and Director | City and State  |
| P/D | TROYER, LYNN                 | 1911 SE 4TH ST.                           | CAPE CORAL, FL. |
| S/T | TROYER, LYNN                 | 1911 SE 4TH ST.                           | CAPE CORAL, FL. |
| V   | TROYER, BARBARA              | 1911 S.E. 4TH ST                          | CAPE CORAL, FL  |
|     |                              |                                           |                 |
|     |                              |                                           |                 |
|     |                              |                                           |                 |
|     |                              |                                           |                 |
|     |                              |                                           |                 |

REGISTERED AGENT INFORMATION

TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL, FL 33990

8. Name and Address of Registered Agent  
81 Name  
82 Street Address  
83 City and State  
84 State: **FL.**

SIGNATURE

*[Signature]*

File Now. Filing Fee after May 1 is \$225.00

INCORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CORPORATION REPORTS SECTION

DOCUMENT # H34349 (1)

COMFORT ZONE, INC.  
1014 SE 12 CT.  
P.O. BOX 150490  
CAPE CORAL FL 33990-3659

ANNUAL REPORT \$61.75 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

PC 50490

1014 S.E. 12 CT.

#5

CAPE CORAL FL

LEE

Name and Address of Current Registered Agent

TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL FL 33990

12/17/1984

04/16/1992

592499550

\$8.75 Additional  
Fee Required

\$5.00  
Additional  
Fee

\$138.75  
Fee

10. Name and Address of New Registered Agent

N/A

FL

2/26/93

P/D  
TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL FL

S/T  
TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL FL

V  
TROYER, BARBARA  
1911 S.E. 4TH ST  
CAPE CORAL FL

ASSISTANT VICE PRESIDENT  
TROYER  
1911 S.E. 4TH ST.  
CAPE CORAL FL 33990

2/26/93

APPROVED  
AND  
FILED



Division of Corporations  
New York City

9:42-5:44 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #  
H34349 (1)

COMFORT ZONE, INC.

P.O. BOX 150480  
CAPE CORAL FL 33915  
US

1014 SE 12TH COURT  
SUITE 5  
CAPE CORAL FL 33904  
US

DO NOT WRITE IN THIS SPACE

|                                                 |                                       |
|-------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/17/1984 | 3a. Date of Last Report<br>03/03/1993 |
|-------------------------------------------------|---------------------------------------|

|               |            |            |
|---------------|------------|------------|
| 4. FBI Number | 59-2498550 | Ag 6-17-70 |
|               |            | Not a ...  |

1. Contract of Sale Order ✓  
\$8.75 As per order

7. Portofolio Example Item \$134.75  
 Supplemental Fee ☐ \$5.00 Net Fee  
 Added to Fee

8. This copy of the form is being furnished to you by the FBI.  
 Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL FL 33990

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Parties                                            |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 85 | Zip Code                                           |

11. Pursuant to the provisions of Sections 1371(b)(2) and 1371(b)(3) of Section 1371(b)(2) and (3) of the Internal Revenue Code, the above-named corporation elects this calendar year for the purpose of determining its taxable income or loss under the Code in the State of Florida. Such election was submitted by the corporation's board of directors. The election of the corporation as described above, is in compliance with and binds the members of Section 1371(b)(2) or (3), Code, Internal Revenue Code.

DATE *1/25*

G21E

# OFFICIALS AND CHIEFS

CHANGES TO OFFICERS AND CREW: NONE

P/D  
TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL FL  
S/T  
TROYER, LYNN  
1911 SE 4TH ST.  
CAPE CORAL FL

TROYER, BARBARA  
1911 S.E. 4TH ST  
CAPE CORAL FL

AV  
TROYER SAM  
1911 S.E. 4TH STREET  
CAPE CORAL FL

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14 The undersigned hereby certifies that the information furnished with this report is a true and correct statement of the facts as known by the undersigned at the time the same were furnished. The undersigned further certifies that the information furnished is not a copy of information furnished to the undersigned by another person, and that the information furnished is not a copy of information furnished to the undersigned by another person, and that the information furnished is not a copy of information furnished to the undersigned by another person.

**SIGNATURES:**

LYNN TROVER

SIGNATURE AND POSITION PRINTED NAME OF SALVAGEE OF VESSEL AND CARGO

3/3/74

574. 2507