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

APPROVED AND FILED
[illegible] -1 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H55843** **(7)**

1. Corporation Name

SARASOTA SMALL ENGINE REPAIR, INC.

Principal Place of Business

% RICHARD BRAREN
1245 EAST AVENUE. N.
SARASOTA FL 34237
US

Mailing Address

% RICHARD BRAREN
1245 EAST AVENUE. N.
SARASOTA FL 34237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2528662 — 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. [illegible] Florida Statutes [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

CONNOLLY, DAVID T.
1245 EAST AVENUE NORTH
SARASOTA FL 34237

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 [illegible] 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 [illegible], Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	CONNOLLY, DAVID T.	NAME	
STREET ADDRESS	6020 12 TH AVE. WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	SD	TITLE	[ ] Change [ ] Addition
NAME	CONNOLLY, LAURIE M.	NAME	
STREET ADDRESS	6020 12 TH AVE. WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: David T. Connolly DAVID T. CONNOLLY 4/13/95 (813) 955-9017

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

0342704 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **H57234** **(7)**

1. Corporate Name
PORT SQUARE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
18167 US HWY 19 N 660 CLEARWATER FL 34624-3569 US	18167 US HWY 19 N 660 CLEARWATER FL 34624-3569 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1985**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2525680**	☐ 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 activity to engage 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
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

JOHNSON, R. KELLEY
18167 US 19 N #300
660
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.1007 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: (Typed or printed name of registered agent) (Date) (Registered Agent signature required for changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
36 TITLE	DT	37 TITLE	☐ Change ☐ Addition
38 NAME	JOHNSON, RICHARD C.	39 NAME	
40 STREET ADDRESS	18167 US HWY 19 N 660	41 STREET ADDRESS	
42 CITY-ST-ZIP	CLEARWATER FL	43 CITY-ST-ZIP	
44 TITLE	DP	45 TITLE	☐ Change ☐ Addition
46 NAME	JOHNSON, R. KELLEY	47 NAME	
48 STREET ADDRESS	18167 US 19 N 660	49 STREET ADDRESS	
50 CITY-ST-ZIP	CLEARWATER FL	51 CITY-ST-ZIP	
52 TITLE	DS	53 TITLE	☐ Change ☐ Addition
54 NAME	EZELL, NEIL	55 NAME	
56 STREET ADDRESS	18167 US HWY 19 660	57 STREET ADDRESS	
58 CITY-ST-ZIP	CLEARWATER FL	59 CITY-ST-ZIP	
60 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		63 NAME	
64 STREET ADDRESS		65 STREET ADDRESS	
66 CITY-ST-ZIP		67 CITY-ST-ZIP	
68 TITLE		69 TITLE	☐ Change ☐ Addition
70 NAME		71 NAME	
72 STREET ADDRESS		73 STREET ADDRESS	
74 CITY-ST-ZIP		75 CITY-ST-ZIP	
76 TITLE		77 TITLE	☐ Change ☐ Addition
78 NAME		79 NAME	
80 STREET ADDRESS		81 STREET ADDRESS	
82 CITY-ST-ZIP		83 CITY-ST-ZIP	

14. I declare, I 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. Kelley Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1995 (Date)

813-530-5522 (Daytime Phone #)

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CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **H57390** **(7)**

1. Corporate Name

FARO & ASSOCIATES, P.A.

:05

FLORIDA

Principal Place of Business	Mailing Address
2225 GLADES ROAD SUITE 118-E BOCA RATON FL 33431	2225 GLADES ROAD SUITE 118-E BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **05/12/1985**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 1451 W. CYPRESS CREEK RD	26 1451 W. CYPRESS CREEK RD
Suite, Apt. or Unit 22 SUITE 300	Suite, Apt. or Unit 27 SUITE 300
City, State 23 FT LAUDERDALE	City, State 28 FT LAUDERDALE
Zip 24 33309	County 25 BROWARD
Zip 29 33309	County 30 BROWARD

4. FEI Number: **59-2376385** — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Name of Person Performing Document Preparation: [ ] **$5.00** May Be Added to Fees

8. Did corporation add, delete or change its officers or directors? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

FARO, JOHN H ESQ
2255 GLADES ROAD
SUITE 118-E
BOCA RATON FL 33009

10. Name and Address of New Registered Agent

81 Name: JOHN H. FARO
82 Street Address (P.O. Box Number Not Acceptable): 1451 WEST CYPRESS CREEK RD
83 CROWN CENTER - SUITE 300
84 FT LAUDERDALE FL 85 33309

11. Pursuant to the provisions of Section ... Florida Statutes, the above named corporation submits the following statement of the address at which it will maintain a registered office in Florida and the name of its registered agent at such address.

SIGNATURE

12.

P
FARO, JOHN H.
3300 NE 192 ST STE LPH12
AVENTURA FL

13. Additional officers and directors (see the attached page, if any)

14. I hereby certify that the information supplied with this report is true, complete, and accurate as of the date I sign this report. I further certify that I am familiar with and authorized to sign this report on behalf of the corporation. I understand that the signature of this report constitutes an oath or affirmation that the facts stated herein are true and that I am subject to the penalties prescribed for filing false reports.

SIGNATURE: John H. Faro 4/5/95 (305) 4574340
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0250729 CP