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

'95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H62848** **(7)**

1. Corporate Name

A. N. DYKES CRANE RENTAL, INC.

Principal Place of Business

A. N. DYKES CRANE RENTAL, INC.
2809 W. 15TH ST SUITE 205
PANAMA CITY FL 32401
US

Mailing Address

A. N. DYKES CREANE RENTAL INC.
2809 W. 15TH ST SUITE 205
PANAMA CITY FL 32401
US

(Document Will Be Returned to this Address)

3. Date Incorporated or Qualified: **06/19/1985**

3a. Year of Last Report: **04/15/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Rural Route — 22

Suite, Apt. # or P.O. Box — 27

City — 23

City & State — 28

State — 24

County — 25

Zip — 29

County — 30

4. FEI Number: **59-2578804** ☐ 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. Is the corporation a profit or not for profit corporation under Chapter 617, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DYKES, CAROL L.
2809 W. 15TH ST SUITE 205
PANAMA CITY FL 32401

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 Section 607.1007, 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 607.325, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent address only, Registered Agent need not sign here.)

12. OFFICER AND/OR DIRECTOR		13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTOR, Etc.	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	DYKES, ANDREW N.	NAME	
STREET ADDRESS	2809 W. 15TH ST #205	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	DYKES, CAROL L.	NAME	
STREET ADDRESS	2809 W. 15TH ST #205	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	DYKES, ANDREW N., IV	NAME	
STREET ADDRESS	2809 W. 15TH ST #205	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	DYKES, DOUGLAS BLAKE	NAME	
STREET ADDRESS	2809 W. 15TH ST #205	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY 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	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Carol L Dykes — 5-19-95 — (904) 769-5260

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

0000182 CP

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CORPORATION ANNUAL REPORT

1995 5-22-95 B- 68311 CORPORATION

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
FILED

95 MAY 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H64617 (4)

1. Corporate Name

SUNCOAST INSURANCE CENTER, INC.

Principal Place of Business	Mailing Address
2196 PRINCETON STREET SARASOTA FL 34237-3435	2196 PRINCETON STREET SARASOTA FL 34237-3435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1985
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 2196 Princeton St.
Suite, Apt. # or
22
City, State
23 Sarasota, FL
24 34237

2a. Mailing Address
26 2196 Princeton St
Suite, Apt. # or
27
City, State
28 Sarasota, FL
29 34237

25 SARASOTA
30 SARASOTA

4. FEI Number: 65-0373758
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Treasurer Designation (Optional) ☐ $5.00 May Be Added to Fees

Florida Profit ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOGUSZ, TED G.
6509 WATERFORD CIRCLE
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of section 607.1622, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The street address of the registered office and the name and street address of the registered agent of the corporation in Florida are:

Signature(s)

12. Officer and/or Director	13. Additional Officer(s) and/or Director(s)
Title: PD	Title: ☐ Change ☐ Add/Delete
Name: BOGUSZ, TED G.	Name:
Address: 6509 WATERFORD CIRCLE	Address:
City-St-Zip: SARASOTA FL	City-St-Zip:
Title: D	Title: ☐ Change ☐ Add/Delete
Name: BOGUSZ, ANNETTE M.	Name:
Address: 6509 WATERFORD CIRCLE	Address:
City-St-Zip: SARASOTA FL	City-St-Zip:
Title: V	Title: ☐ Change ☐ Add/Delete
Name: BURNS, MICHAEL R.	Name:
Address: 2118 HUNTINGTON AVENUE	Address:
City-St-Zip: SARASOTA FL	City-St-Zip:
Title: V	Title: ☐ Change ☐ Add/Delete
Name: HASSLER, WILLIAM	Name:
Address: 668 CIRWOOD DRIVE	Address:
City-St-Zip: SARASOTA FL	City-St-Zip:
Title: ST	Title: ☐ Change ☐ Add/Delete
Name: PAVONCELLOL, PATRICIA	Name:
Address: 4419 DIAMOND CIR W.	Address:
City-St-Zip: SARASOTA FL	City-St-Zip:
Title: V	Title: ☐ Change ☐ Add/Delete
Name: BERG, PEDER G	Name:
Address: 5942 34TH STREET WEST	Address:
City-St-Zip: BRADENTON FL 34210	City-St-Zip:

14. To the best of my knowledge, the information supplied with the filing of this annual report, including the fee, is true and accurate and that the fee, if applicable, is enclosed. I further understand that the submission of this annual report does not nullify or prevent the dissolution of the corporation by proclamation if such action is necessary. Pursuant to Chapter 607, Florida Statutes, I further certify that I am familiar with and authorized to execute this report on behalf of the corporation.

SIGNATURE: Ted G Bogusz Pres. 1/12/95 813-365-2900
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0342738 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 25 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H65445** **(9)**

1. Corporation Name

MICHAEL A. RASCATI, O.D., P.A.

Principal Place of Business	Mailing Address
1117 N.W. 19TH AVE [redacted] CHIEFLND FL 32626 US	P.O. BOX 1130 [redacted] CHIEFLND FL 32626 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1985	3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-2571179	☐ 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 (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)

9. Name and Address of Current Registered Agent

BEAUCHAMP, GREGORY V.
107 E. PARK AVE.
SUITE 210
CHIEFLND FL 32626

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	1) TITLE	☐ Change ☒ Addition
NAME	RASCATI, MICHAEL A.	1) NAME	
STREET ADDRESS	4541 SW 95TH TERRACE	1) STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1) CITY-ST-ZIP	32608 ZIP
TITLE		2) TITLE	☐ Change ☐ Addition
NAME		2) NAME	
STREET ADDRESS		2) STREET ADDRESS	
CITY-ST-ZIP		2) CITY-ST-ZIP	
TITLE		3) TITLE	☐ Change ☐ Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) 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: Michael A. Rascati President MICHAEL A. RASCATI 5-8-95 904-493-2180

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

0412487 FP