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 APR 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H81765** **(0)**

1. Corporate Name

RIDGE HEATING & AIR CONDITIONING, INC.

Principal Place of Business

C/O JOEL B. RIDGE
1319 HWY. 390
PANAMA CITY FL 32405

Mailing Address

C/O JOEL B. RIDGE
1319 HWY. 390
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1985**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Rm.
22

Suite, Apt. # or Rm.
27

City & State
23

City & State
28

ZIP
24

County
25

ZIP
29

County
30

4. FEI Number: **59-2624208** ☐ 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 authority to participate (as under s. 1999) Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIDGE, JOEL B.
1319 HWY. 390
PANAMA CITY FL 32405

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 607.1505 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, Printed or Stamped Name of Registered Agent and Title of Officer, if Required) (If Registered Agent is an Individual) DATE

12. OFFICERS AND DIRECTORS

DP
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
RIDGE, JOEL B.
1319 HWY 390
PANAMA CITY FL

DP
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I further 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 report or supplemental 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 1 or Block 11 above or on an attachment with an address.

SIGNATURE: Joel B. Ridge, President JOEL B. RIDGE 5-19-95 904/9630331

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

0410430 FP

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED

DOCUMENT # **H83702** **(1)**

1. Corporate Name

UNIVERSAL ENTERPRISES OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
% BUG-A-LOU PEST ELIMINATION 2700 ISLAND DR MIRAMAR FL 33023	2001 SW 101ST AVE BAY D MIRAMAR FL 33025 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1985	08/15/1994

2. Principal Place of Business 21	2a. Mailing Address 26 2700 Island Drive	4. FEI Number 59-2585903	Applied For Not Applicable
Suite, Apt. # or P.O. 22	Suite, Apt. # or P.O. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 MIRAMAR FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
ZIP / Country 24 25	ZIP / Country 29 33023 30 USA	8. This corporation has liability to manufacture tax under F.S. 790.07 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DI PAOLO, GERALD 2700 ISLAND DR. MIRAMAR FL 33023	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 FL Zip Code

11. Pursuant to the provisions of Section 607.1005, 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. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR LISTING
PS DI PAOLO, GERALD 2700 ISLAND DR. MIRAMAR FL	☐ Change ☐ Addition
VT DIPAOLO, ROSE 2700 ISLAND DR. MIRAMAR FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare (I certify) that the information supplied with this report is complete and correct to the best of my knowledge and belief. I understand that the making of any false statement in this report is punishable as a felony under Section 817.155, Florida Statutes. I further certify 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: Rose DiPaolo Rose DiPaolo 5-14-95

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

0423391 FP

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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 22 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H84043 (9)

1. Corporation Name
C. MICHAEL CONTER, P.A.

Principal Place of Business:
~~6101 GRAPE FERN CT~~
201 E KENNEDY BLVD #1407
TAMPA FL 33602

Mailing Address:
~~6101 GRAPE FERN CT~~
201 E KENNEDY BLVD #1407
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1985	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2594488	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 ... Florida Statutes [ ] Yes [X] No	

2. Principal Place of Business	2a. Mailing Address
21 201 E. Kennedy Blvd.	26 201 E. Kennedy Blvd.
22 Suite 1407	27 Suite 1407
23 Tampa, FL	28 Tampa, FL
24 33602 25	29 33602 30

9. Name and Address of Current Registered Agent

CONTER, C. MICHAEL
6101 GRAPE FERN CT.
TAMPA FL 33617

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CONTER, C. MICHAEL
STREET ADDRESS	6101 GRAPE FERN CT.
CITY-ST-ZIP	TEMPLE TERRACE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[ ] 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 ... Florida Statutes. [illegible]

SIGNATURE: [signature] 5/19/95 813-223-1891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0289463 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

5-23-95 B. 6880

DOCUMENT # H84071 (0)

1. Corporation Name
FRAN-BEACH, INC.

ARTICLES
FILED
95 MAY 15 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% WILLAM F. FOODY 6744 ENTRADA PLACE BOCA RATON FL 33433	% WILLAM F. FOODY 6744 ENTRADA PLACE BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 11/05/1985	3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2615126	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. The corporation has liability for corporate tax under s. 220.11, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business (21) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

FOODY, WILLIAM F.
6744 ENTRADA PLACE
BOCA RATON FL 33433

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 607.0501, 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. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

Title	PD
Name	FOODY, WILLIAM F.
Street Address	6744 ENTRADA PLACE
City-State-Zip	BOCA RATON FL

13. ADDITIONS, CHANGES, DELETIONS (Add/Change/Delete)

Title		☐ Change ☐ Addition
Name		☐ Change ☐ Addition
Street Address		☐ Change ☐ Addition
City-State-Zip		☐ Change ☐ Addition
Title		☐ Change ☐ Addition
Name		☐ Change ☐ Addition
Street Address		☐ Change ☐ Addition
City-State-Zip		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, executed and delivered jointly by the undersigned, is true and accurate as required by Section 607.0501, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the corporation has been legally qualified to do business in Florida and that any name and address of the registered agent and/or registered office listed above is true and accurate. For qualified corporations, I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: [signature] PRESIDENT 407-487-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

H84071 CR

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

DOCUMENT # H86427 (2)

1. Corporation Name
ROY J. MORGAN, P.A.

Principal Place of Business
221 NORTH JOANNA AVE
TAVARES FL 32778-3217
US

Mailing Address
221 NORTH JOANNA AVE
TAVARES FL 32778-3217
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1985
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2597285 — 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
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
MCDONALD, ROGER J.
1218 E. ROBINSON STREET
ORLANDO FL 32801

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	1 TITLE ☐ Change ☐ Addition
NAME	MORGAN, ROY J.	1 NAME
STREET ADDRESS	221 N. JOANNA AVENUE	1 STREET ADDRESS
CITY-ST-ZIP	TAVARES FL 32778	1 CITY-ST-ZIP
TITLE	D	2 TITLE ☐ Change ☐ Addition
NAME	MORGAN, ROY J.	2 NAME
STREET ADDRESS	221 N. JOANNA AVENUE	2 STREET ADDRESS
CITY-ST-ZIP	TAVARES FL 32778	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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 — Date
904 343-8887 — Daytime Phone #

0061319 CP

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1995

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

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H86949** **(5)**

1. Corporation Name:
COOPER MECHANICAL CONTRACTING, INC.

Principal Place of Business	Mailing Address
% BENJAMIN COOPER 403 S. 57TH AVENUE HOLLYWOOD FL 33023	% BENJAMIN COOPER 403 S. 57TH AVENUE HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/25/1985**	3a. Date of Last Report: **09/01/1994**
4. FEI Number: **59-2615888**	☐ 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. The corporation has been engaged in trade in the State of 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
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

COOPER, BENJAMIN
403 S. 57TH AVENUE
HOLLYWOOD FL 33023

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(S) (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent or Office) Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (OMIT ON AR)
01 TITLE: P 02 NAME: COOPER, BENJAMIN 03 STREET ADDRESS: 403 S. 57TH AVENUE 04 CITY, ST, ZIP: HOLLYWOOD FL	☐ Change ☐ Addition 05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP
09 TITLE: S 10 NAME: COOPER, WENDI 11 STREET ADDRESS: 403 S. 57TH AVENUE 12 CITY, ST, ZIP: HOLLYWOOD FL	☐ Change ☐ Addition 13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP	☐ Change ☐ Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP
25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY, ST, ZIP	☐ Change ☐ Addition 29 TITLE 30 NAME 31 STREET ADDRESS 32 CITY, ST, ZIP
33 TITLE 34 NAME 35 STREET ADDRESS 36 CITY, ST, ZIP	☐ Change ☐ Addition 37 TITLE 38 NAME 39 STREET ADDRESS 40 CITY, ST, ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition 45 TITLE 46 NAME 47 STREET ADDRESS 48 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: Benjamin Cooper 5/19/95 305-961-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00044TY CP