

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -1 AM 9:01

DOCUMENT # J29264 (5)

1. Corporation Name
ACME SOUTHEAST, INCORPORATED

Principal Place of Business Mailing Address
**622 NW 6TH AVE 622 NW 6TH AVE
HOMESTEAD FL 33030 HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1986** 3a. Date of Last Report **05/01/1994**

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

4. FFI Number **59-2667896** 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**
6. 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

**MUSGROVE, DAVID R.
622 NW 6TH AVE
HOMESTEAD FL 33030**

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

Signature of Agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MUSGROVE, DAVID R.
STREET ADDRESS	622 NW 6TH AVE
CITY, ST, ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(3)(b), 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 R. Musgrove* **DAVID R. MUSGROVE** 6/1/95 (305) 246-8270
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

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Secretary of State
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SECRETARY OF STATE

DOCUMENT # **J29944** (2)

1. Corporation Name
OUTDOORS PLUS, INC.

Principal Place of Business Mailing Address
1014 NW 76TH BLVD (GAINESVILLE, FL 32606) **1014 NW 76TH BLVD (GAINESVILLE, FL 32606)**
PO BOX A **PO BOX A**
LA CROSSE FL 32658-0001 **LA CROSSE FL 32658-0001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1986** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 P.O. Box A	59-2764139	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangibility tax under S. 199.033, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No closed
23	28 La Crosse, FL		
Zip	Zip		
24 32658	29 32658		
Country	Country		
25	30 Alachua		

9. Name and Address of Current Registered Agent

CURTIS, DIANE
P.O. BOX A
LA CROSSE FL 32658

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 **DIANE CURTIS** *Diane Curtis* **5/31/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, MARK	1.2 NAME	
STREET ADDRESS	PO BOX 425 (SR 1493) N/A	1.3 STREET ADDRESS	
CITY, ST, ZIP	LA CROSSE FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, KELLY	2.2 NAME	
STREET ADDRESS	PO BOX A (SR 1493) N/A	2.3 STREET ADDRESS	
CITY, ST, ZIP	LA CROSSE FL	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, DIANE	3.2 NAME	
STREET ADDRESS	P O BOX A N/A - 23801 NW COUNTRY RD 1493	3.3 STREET ADDRESS	
CITY, ST, ZIP	LA CROSSE FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(3)(k), 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: **DIANE CURTIS** *Diane Curtis* **5/31/95**