

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J45083** (9)  
1. Corporation Name  
**HEARTLAND PONTIAC-BUICK-CADILLAC-GMC TRUCK, INC.**

Principal Place of Business: **401 US 27 SOUTH  
P O BOX 1071  
SEBRING FL 33870  
US**  
Mailing Address: **6363 N.W. 6TH WAY  
STE 400  
FORT LAUDERDALE FL 33309  
US**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Qualified: **12/03/1986**  
3a. Date of Last Report: **05/01/1994**  
4. FIC Number: **59-2760579**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Contributions:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for alternative tax under S. 119912?

2. Principal Place of Business: 2a. Mailing Address  
21. State Apt # etc. 26. State Apt # etc.  
22. City & State 27. City & State  
23. Zip 28. Zip County

9. Name and Address of Current Registered Agent  
**MACINNES, DONALD, A  
6363 N.W. 6TH WAY  
STE 400  
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81. Name  
82. Mailing Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. State (FL)

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	ADDRESS
PD MACINNES, DONALD, A 6363 NW 6TH WAY - STE 400 FORT LAUDERDALE FL	
VD MORSE, EDWARD, J 6363 NW 6TH WAY STE 400 FORT LAUDERDALE FL	
ST BEAVER, RICHARD 6363 N.W. 6TH WAY - STE 400 FORT LAUDERDALE FL	

13. DIRECTORS (NAME, ADDRESS, CITY, STATE, ZIP)

NAME	ADDRESS	CITY	STATE	ZIP

14. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: Donald A MacInnes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Donald A. MacInnes, Secretary

May 8, 1995 305-351-0055

APPROVED AND FILED  
25 MAY 13 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

APPROVED

2/10

RECEIVED  
MAY 10 1995  
TALLAHASSEE, FLORIDA

**DOCUMENT # J45479 (9)**  
1. Corporation Name:  
**QUINN CONTRACTORS, INC.**

Principal Place of Business: **2893 BIG SKY BLVD  
KISSIMMEE FL 34744**  
Mailing Address: **2893 BIG SKY BLVD  
KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: <b>11/24/1986</b>	3a. Date of Last Report: <b>06/10/1994</b>
4. FEI Number: <b>59-2750229</b>	Applied For Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under 1993 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Officer: Secretary	2a. Mailing Address:
21. State: FL	26. State: FL
22. Suite, Apt. # etc:	27. Suite, Apt. # etc:
23. City, State:	28. City, State:
24. (25)	29. (30)

9. Name and Address of Current Registered Agent  
**QUINN, DANNY  
2893 BIG SKY BLVD  
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

B1. Name:
B2. Street Address, P.O. Box Number, if Applicable:
B3.
B4. City:
FL B5. State:

11. I, the undersigned, certify that I am a resident of the State of Florida and that I am the registered agent for the corporation named herein. This statement is true to the best of my knowledge and belief, and I understand that it is a part of the public record of this State and that it may be used as evidence in any legal proceeding.

12. REGISTERED AGENT

NAME	PST QUINN, DANNY 2893 BIG SKY BLVD KISSIMMEE FL
ADDRESS	D QUINN, DANNY 2893 BIG SKY BLVD KISSIMMEE FL
CITY	
STATE	
ZIP	
PHONE	
TELETYPE	
FAX	
TELEFAX	
EMAIL	
MOBILE	
HOME	
WORK	
OTHER	

13. ADDITIONAL REGISTERED AGENTS

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	TELETYPE	FAX	TELEFAX

14. I, the undersigned, certify that the information provided with this filing is true and correct, and that I am the registered agent for the corporation named herein. This statement is true to the best of my knowledge and belief, and I understand that it is a part of the public record of this State and that it may be used as evidence in any legal proceeding.

SIGNATURE:

x 5/16/95

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Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J46063** (0)

1. Corporation Name  
**FIRST REALTY OF ENGLEWOOD, INC.**

Principal Place of Business  
**895 INDIANA AVE. SOUTH  
ENGLEWOOD FL 34223**

Mailing Address  
**895 INDIANA AVE. SOUTH  
ENGLEWOOD FL 34223**

**APPROVED  
AND  
FILED**

**MAY 19 11 10:15**

SECRETARY OF STATE  
**TALAHASSEE, FLORIDA**  
(DO NOT WRITE IN THIS SPACE)

3. Date of Corporation's Creation <b>12/05/1986</b>	3a. Effective Last Report <b>10/14/1994</b>
4. FIC Number <b>59-2741224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Debtor <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Discretionary Campaign Finance or Fundraising Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has applied for acceptance for inclusion in 1994 FIC's Foreign List <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Name of Officers	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent <b>HOWE, ROBERT O. 4260 PLACIDA RD. #25-D ENGLEWOOD FL 34224</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address, City, State, Zip and Office Telephone
	83.
	84. City
	85. State

11. Pursuant to the provisions of sections 607.01 and 607.02, Florida Statutes, the undersigned, registered agent, hereby certifies that the information furnished for the purpose of changing its registered office or registered agent is true and correct, and that the corporation has no outstanding delinquent filings with the Florida Department of State.

SIGNATURE

12. OFFICERS AND SHAREHOLDERS	13. AGENTS, EMPLOYEES, DIRECTORS AND JOINT VENTURES
NAME: <b>PST HOWE, ROBERT O 4260 PLACIDA RD. 25-D ENGLEWOOD FL 34224</b>	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: <b>D HOWE, ROBERT O 4260 PLACIDA RD. 25-D ENGLEWOOD FL 34224</b>	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information reported with this filing is true and correct, and that the corporation has no outstanding delinquent filings with the Florida Department of State.

SIGNATURE: **ROBERT O. HOWE** **ROBERT O. HOWE** **5/15/95 813-475-0014**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

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AND  
FILED

MAY 18 11 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J46745** (2)

1. Corporation Name

AREY'S AUCTION TEAM, INC.

Principal Place of Business

4317 MARSH RD  
C/O CHESTER M. AREY, P.O. BOX 1953  
DELAND FL 32724  
US

Mailing Address

P.O. BOX 1953  
DELAND FL 32721-1953  
US

(PLEASE WRITE IN THIS SPACE)

3. Date Incorporated in Quarters 01/01/1987  
3a. Date of Last Report 05/09/1994

2. Principal Place of Residence

2b. Mailing Address

21

26

4. FEI Number 59-2755211  
Applied For Not Applicable

22

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23

28

6. Elected Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24

29

30

8. The corporation has adopted the statement by the applicant, and the corporation is hereby authorized to file this statement with the Department of State.  **NO FEE**

9. Name and Address of Current Registered Agent

AREY, CHESTER M.  
4317 MARSH ROAD  
DELAND FL 32724

10. Name and Address of New Registered Agent

81. Name  
82. Street Address  
83.  
84. City, State, Zip  
85. **FL**

11. The undersigned is the duly qualified agent for the corporation named herein and hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that he is not a director, officer, or shareholder of the corporation. He further certifies that he is not a natural person who is prohibited from serving as an agent of a corporation under the laws of the State of Florida.

12. PD  
AREY, CHESTER M.  
4317 MARSH ROAD  
DELAND FL

13. ADDRESS OF EACH MEMBER, OFFICER, DIRECTOR, AND SHAREHOLDER

Name Address

		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am not a director, officer, or shareholder of the corporation. I further certify that I am not a natural person who is prohibited from serving as an agent of a corporation under the laws of the State of Florida.

SIGNATURE: *Chester M. Arey*  
CHESTER M. AREY  
DIRECTOR OF THE FLORIDA DEPARTMENT OF STATE

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

**DOCUMENT # J46789 (0)**

1. Corporation Name  
**RONNIE PLATT CONSTRUCTION, INC.**

APPROVED  
AND  
FILED

MAY 12 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address  
**1946 CANAL RD.  
LAKE WALES FL 33853**

3. Date as operated or qualified **12/12/1986** 3a. Date of Last Report **03/17/1994**

2. Principal Place of Business / 2a. Mailing Address  
**21** / **26**

4. FEI Number **59-2816525** Applied For / Not Applicable

22. State Apartment / 27. State Apartment

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State / 28. City & State

6. Election Campaign Financing / Total Fund Contributions  **\$5.00 May Be Added to Fees**

24. Zip / 25. Country / 29. Zip / 30. Country

8. This corporation has liability for intangible tax under S. 1961 (50)?  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUTCHINSON, JONNIE M., ESQ.  
150 E. HAINES BLVD.  
LAKE ALFRED FL 33850**

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

11. For each of the persons named in the list of officers and directors of this corporation, indicate the date of their appointment and the purpose of the appointment. If the appointment is for the purpose of the appointment of a registered agent, list the name of the registered agent and the date of the appointment.

12. OFFICERS AND DIRECTORS / 13. REGISTERED AGENTS

NAME	ADDRESS	DATE OF APPOINTMENT	PURPOSE OF APPOINTMENT
PT PLATT, RONNIE G. 1946 CANAL RD. LAKE WALES FL			
S PLATT, GLENDA D. 1946 CANAL RD. LAKE WALES FL			

14. I hereby certify that the information reported with this report is true and correct, and I understand that the reporting officer is liable for the accuracy of the information reported.

SIGNATURE: *Ronald G. Platt* *Ronald G. Platt* 5-13-95  
MINUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Secretary of State  
DIVISION OF CORPORATIONS

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JUN 13 1995

STATE OF FLORIDA

DOCUMENT # **J46822 (9)**

1. Corporation Name  
**AQUATIC-LIFE, INC.**

21. Principal Place of Business  
**3232 SE FEDERAL HWY  
STUART FL 34997**

26. Mailing Address  
**3232SE FEDERAL HWY  
STUART FL 34997  
US**

(ENTER DATE IN THIS SPACE)

3. Date the Corporation Organized: **12/12/1986**  
3a. Date of Last Meeting: **02/03/1994**

21. Principal Place of Business

26. Mailing Address

4. FEI Number  
**59-2747482**

Applied Fee  
Not Applicable

22. State Agent

27. State Agent

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

23. City Agent

28. City Agent

6. Director Computer Filing Fee  
Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Director Name  
25. Director Address  
29. Director City  
30. Director State

8. The corporation has not had a change of state agent since the previous year.  
 Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLSPAUGH, NANCY  
5525 SW WOODHAM ST  
PALM CITY FL 34990**

81. Name

82. Street Address (P.O. Box Numbers Not Allowed)

83. City

84. State

FL

85. Zip Code

11. If your corporation is not a Florida corporation, please indicate the jurisdiction in which it is organized. If it is a foreign corporation, please indicate the jurisdiction in which it is organized. If it is a foreign corporation, please indicate the jurisdiction in which it is organized.

12. List of Officers and Directors

13. List of Officers and Directors

NAME	<b>PS MILLSPAUGH, NANCY 5525 SW WOODHAM ST PALM CITY FL V</b>
NAME	<b>BYXBEE, CARL 5525 SW WOODHAM ST PALM CITY FL</b>
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

NAME			
NAME			
NAME			
NAME			
NAME			
NAME			
NAME			
NAME			
NAME			
NAME			
NAME			
NAME			

14. I, the undersigned, certify that the information furnished on this form is true and correct, that the corporation is organized under the laws of the state of Florida, and that the information furnished is true and correct.

SIGNATURE:

INDICATOR AND NUMBER OF OFFICE NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 (401) 281-7177

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

MAY 15 1995

DOCUMENT # J49271 (6)

1. Corporation Name

LAKE OF THE WOODS - MOUNT DORA, INC.

2. Mailing Address of Officer

% STEPHEN M. BULL  
111 N ORANGE AVE. S-1200  
ORLANDO FL 32801

3. Mailing Address of Agent

% STEPHEN M. BULL  
111 N ORANGE AVE. S-1200  
ORLANDO FL 32801

3. Date incorporated or qualified

12/30/1986

3a. Date of last Report

06/17/1994

21. State of incorporation

21

26. Mailing Address of Agent

26

4. FID Number

59-2751597

Agent Fee

Not Applicable

22. State of principal office

22

27. State of principal office

27

5. Certificate of Status (Required)

\$8.75 Additional Fee Required

23

28

6. Director Contribution (Required)

To get FID Number

\$5.00 May Be Added to Fees

24

29

8. This corporation has liability for the payment of taxes under the provisions of the Florida Statutes

9. Name and Address of Current Registered Agent

BULL, STEPHEN M.  
111 N ORANGE AVE  
SUITE 1200  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box, Telephone, Fax, E-mail)

83

84 City

FL

85 Zip Code

11. I declare that the person named herein as the registered agent for the Florida Statutes has given consent and signed the statement for the purpose of being provided with a copy of the report required by the Florida Statutes. If the Florida Statutes was withdrawn, the corporation is not eligible for the registration of the agent named herein.

SIGNATURE

OFFICER AND DIRECTOR

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12. Name of Officer or Director  
MCCAMMON, GEORGE  
LONGWOOD FL  
ST  
BROWN, F. SCOTT  
LONGWOOD FL

DP  
975 PALM SPRINGS DR  
LONGWOOD FL  
ST  
312 BLYTH COURT  
LONGWOOD FL

13. Name of Officer or Director

14. I declare that the person named herein as the registered agent for the Florida Statutes has given consent and signed the statement for the purpose of being provided with a copy of the report required by the Florida Statutes. If the Florida Statutes was withdrawn, the corporation is not eligible for the registration of the agent named herein.

SIGNATURE

*[Handwritten Signature]*

SECRETARY AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR

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50 MAY 12 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J49676** (6)

1. Corporation Name  
**NEW DEAL USED CARS, INC.**

Principal Place of Business Mailing Address  
**1400 EAST HILLSBOROUGH AVE  
P. O. BOX 11372  
TAMPA FL 33680**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2789987** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Foreign Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under S. 199.012 Florida Statutes  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**APPLE, JAMES R.  
1400 E HILLSBOROUGH AVE.  
TAMPA FL 33604**

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 607.02, 607.03, and 607.04, 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 imposed by Sections 607.02, Florida Statutes.

Signature

Print Name, Address and City and State of Current Registered Agent

Print Name, Address and City and State of New Registered Agent

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONAL OFFICERS AND DIRECTORS (Check "Change" or "Addition")**

NAME: **PST APPLE, JAMES R.**  
STREET ADDRESS: **1400 E HILLSBOROUGH AVE TAMPA FL**  
CITY: **VD APPLE, JAMES R.**  
STREET ADDRESS: **1400 E HILLSBOROUGH AVE TAMPA FL**

NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY:  Change  Addition

14. I, the undersigned, certify that the information supplied with this filing is truthful, complete and correct and equally for the corporate filer as to the Florida Statutes. I further certify that the information indicated on this filing is not a supplemental annual report of this corporation and that my signature shall have the same legal effect as if made under oath. But I am not liable as director of the corporation or the incorporator or shareholder empowered to execute this report as required by Chapter 607, Florida Statutes, and I am not responsible for the filing of this report of this corporation with an address.

SIGNATURE: *James R. Apple*  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR **James R. Apple**

**5/12/95 (918) 239-2232**



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J49880** (4)

1. Corporation Name  
**NORTHEAST OAKS MANAGEMENT, INC.**

Principal Name of Director(s) **C/O CORBIN, CHARLES J**  
5200 BRITTANY DR SO #1005  
ST PETERSBURG FL 33715  
US

Home Address **238 34TH AVE NO  
ST PETERSBURG FL 33704  
US**

2. Principal Name of Officer	2a. Home Address	3. Date Incorporated or Created	3a. Date of Last Report
21. [ ]	26. [ ]	12/24/1986	03/14/1994
22. [ ]	27. [ ]	4. FET Number	Applied For / Not Applicable
23. [ ]	28. [ ]	59-2774130	
24. [ ]	29. [ ]	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. [ ]	30. [ ]	6. Election Campaign Financing / Trademark Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S 199.043 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORBIN, CHARLES J.  
238 34TH AVE NO  
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address, P.O. Box Number, Not Applicable	
B3. City	
B4. State	FL
B5. Zip Code	

11. I, the undersigned, the president of the corporation, certify and declare that the above report complies with the provisions of the laws of the State of Florida for the purpose of changing its registered office and principal place of business as set forth in this report and that the corporation has complied with the requirements of the laws of the State of Florida for the purpose of changing its registered office and principal place of business as set forth in this report.

Signature: *Charles J. Corbin*  
Name: Charles J. Corbin, President

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION
NAME: PST CORBIN, CHARLES J. ADDRESS: 238 34TH AVE NO ST. PETERSBURG FL VP NAME: GELINEAU, MELISSA ADDRESS: 238 34TH AVE NO ST PETERSBURG FL	(Grid for additional information)

14. I, the undersigned, certify that the information supplied with this report is true and correct and that the information is true and correct as of the date of filing of this report and that the corporation shall keep the same up to date and true and correct as of the date of filing of this report and that the information is true and correct as of the date of filing of this report and that the information is true and correct as of the date of filing of this report.

SIGNATURE: *Charles J. Corbin* CHARLES J. CORBIN  
SIGNATURE AND PRINTED NAME OF DIRECTOR OR OFFICER OF CORPORATION  
 5/13/95 813-8669767

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED AND FILED**

05 MAY 12 10:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J50070** (8)

1. Corporation Name  
**TECHNICAL SYSTEMS INTEGRATORS, INC.**

Principal Place of Business: **9225 BAY PLZ BLVD STE 416 TAMPA FL 33619 US**  
Mailing Address: **9225 BAY PLZ BLVD STE 416 TAMPA FL 33619 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated in jurisdiction: **12/18/1986** 3a. Date of last report: **03/11/1994**

2. Principal Place of Business: **21** 2b. Mailing Address: **26**  
State: **22** State: **27**  
City: **23** City: **28**  
Country: **24** Country: **29**

4. FIC Number: **59-2771158** Applied For:  Not Applicable:

5. Campaign of State: Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. This report has been audited for compliance with page 11, 1993 FIC Code and rules:

9. Name and Address of Current Registered Agent:  
**SALTSMAN, ROBERT  
200 E NEW ENGLAND, STE 301  
PO BOX 2146  
WINTER PARK FL 32790**

10. Name and Address of New Registered Agent:  
81. Name: \_\_\_\_\_  
82. Street Address: \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ FL 85. State: \_\_\_\_\_

11. This report was prepared in accordance with the provisions of Chapter 607, Florida Statutes, the provisions of the annual report of the corporation for the year ending on the date specified in the report, and the provisions of the annual report of the corporation for the year ending on the date specified in the report. A true and correct copy of the report is being filed with the Secretary of State.

12. ADDITIONAL NAMES, ADDRESSES AND CITIES OF OFFICERS:  
NAME: **DV REYNOLDS, CHARLES T.**  
ADDRESS: **100 BUCKSKIN WAY WINTER SPRINGS FL**  
CITY: **DV**  
NAME: **CONLEY, GREGORY S.**  
ADDRESS: **921 CHIPAWAY DRIVE APOLLO BEACH FL**

13. ADDITIONAL NAMES, ADDRESSES AND CITIES OF OFFICERS:  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

14. I, the undersigned, certify that the information reported will be true and accurate, complete and correct, and that I am qualified to file the report as required by law. I am the Secretary of the corporation and I am the only officer of the corporation who is authorized to file the report. I am the only officer of the corporation who is authorized to file the report. I am the only officer of the corporation who is authorized to file the report.

SIGNATURE: *[Signature]*  
INDIVIDUAL AND FILED IN PRINTED NAME OF SIGNING OFFICER ON DIFFERENT LINE:  
**GREGORY S. CONLEY, PRES.**

5/11/95 (83)X12-8300

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25 MAY 19 11:10:15

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TALLAHASSEE, FLORIDA

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1995



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

DOCUMENT # **J53838** (5)

1. Corporation Name  
**PRECISION CUT LAWN SERVICE OF Ocala, Inc.**

Principal Officer - Secretary: **% DENNIS Q. MACKEY**  
4623 NE 24TH AVE.  
OCALA FL 34479-2009  
US

Principal Officer - Treasurer: **% DENNIS Q. MACKEY**  
4623 NE 24TH AVE  
OCALA FL 34479-2009  
US

(PLEASE WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **01/27/1987** 3b. Date of Last Report: **07/26/1994**

2. Principal Office: (a) State: **FL** (b) County: **Alachua** (c) City: **OCALA** (d) Zip: **32670** 2a. Mailing Address: (a) State: **FL** (b) County: **Alachua** (c) City: **OCALA** (d) Zip: **32670** 4. FEI Number: **59-2754562** Approved For: **25 MAY 1994**

22. State Agent: (a) Name: **DEAN W. WATKINS** (b) Title: **SECRETARY** 5. Certificate of Status: (a) Current:  (b) Delinquent:  \$8.75 Additional Fee Required

23. State Agent: (a) Name: **DEAN W. WATKINS** (b) Title: **SECRETARY** 6. Election Campaign Filings: (a) Filed:  (b) Not Filed:  \$5.00 May Be Added to Fees

24. (a) (b) (c) (d) 25. (a) (b) (c) (d) 26. (a) (b) (c) (d) 27. (a) (b) (c) (d) 28. (a) (b) (c) (d) 29. (a) (b) (c) (d) 30. (a) (b) (c) (d) 8. The corporation has liability for alternative tax on net 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACKEY, DENNIS Q.**  
4623 NE 24TH AVE.  
OCALA FL 32670

B1 Name: **MACKEY, DENNIS Q.**  
B2 Street Address: **4623 NE 24TH AVE.**  
B3 City: **OCALA**  
B4 State: **FL** ZIP: **32670**

11. I hereby certify that the information furnished hereon is true and correct to the best of my knowledge and belief, and that my signature on this report is a true and correct signature. If the information furnished hereon is not true and correct, I understand that I shall be liable for the same under the laws of the State of Florida. I understand that the filing of this report is a public act and that the information furnished hereon is a part of the public records of the State of Florida.

12. OFFICER	13. ADDITIONAL REGISTERED AGENTS
VS NAME: <b>MACKEY, DENNIS Q.</b> ADDRESS: <b>4623 NE 24TH AVE OCALA FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add Fee
PT NAME: <b>MACKEY, JANET W.</b> ADDRESS: <b>4623 NE 24TH AVE OCALA FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add Fee
	<input type="checkbox"/> Change <input type="checkbox"/> Add Fee
	<input type="checkbox"/> Change <input type="checkbox"/> Add Fee
	<input type="checkbox"/> Change <input type="checkbox"/> Add Fee
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	<input type="checkbox"/> Change <input type="checkbox"/> Add Fee

14. I hereby certify that the information furnished hereon is true and correct to the best of my knowledge and belief, and that my signature on this report is a true and correct signature. If the information furnished hereon is not true and correct, I understand that I shall be liable for the same under the laws of the State of Florida. I understand that the filing of this report is a public act and that the information furnished hereon is a part of the public records of the State of Florida.

SIGNATURE: *Dennis Q. Mackey* *Janet W. Mackey* 5/25 94 J53838

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MAY 10 1995

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mornham Secretary of State

DOCUMENT # J55273 (3)

BANNER SIGN & LAMINATING, INC.

1. Name of Corporation: BANNER SIGN & LAMINATING, INC.
2. Principal Office: % DONALD L BASS 8788 S.E. WOODWIND ST. HOBE SOUND FL 33455

21. 2217 S. KANNER HWY
26. 250 DEGOUVEA TERRACE

22. STUART, FL
27. PORT ST. LUCIE, FL

23. 34994
28. 34994
29. MARTIN
30. ST. LUCIE

9. Name and Address of Current Registered Agent

BASS, DONALD L
7160 SE OSPREY ST
HOBE SOUND FL 33455

3. Effective Date of Report: 02/04/1987
3a. Effective Date of Report: 05/01/1994

4. F.I. Number: 59-2757836

5. Certificate of Water License: \$8.75 Additional Fee Required

6. Electronic Filing Fee: \$5.00 May Be Added to Fees

8. The corporation has complied with the requirements of the law...

10. Name and Address of New Registered Agent

81. Name
82. Street Address
83.
84.
85. FL

11. The corporation has complied with the requirements of the law...

12. PD HORN, MARTIN E. 250 DEGOUVEA TERRACE PORT ST. LUCIE FL D HORN, JANE T. 250 DEGOUVEA TERRACE PORT ST. LUCIE FL

13. [Empty grid for listing directors/officers]

14. The corporation has complied with the requirements of the law...

SIGNATURE: [Signature] Pres. MARTIN E. HORN

5-12-95 286-1390

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

APPROVED  
AID  
2000

DOCUMENT # **J55548 (8)**

**OWEN G. TODD, INC.**

**% OWEN G. TODD**  
501 N.E. 3RD STREET  
BELLE GLADE FL 33430

3. Date of Corporate Meeting: **02/05/1987**  
3a. Date of Last Report: **05/01/1994**

2. Principal Office: **% OWEN G. TODD**  
501 N.E. 3RD STREET  
BELLE GLADE FL 33430

4. FID Number: **59-2767224**  
5. Certificate of State Deemed: **\$8.75 Additional Fee Required**  
6. Director Campaign Financing Fund Contribution: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent:  
**TODD, OWEN G.**  
501 N.E. 3RD ST.  
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent:  
B1 Title:  
B2 Street Address, P.O. Box Number or Post Office:  
B3 City:  
B4 State:  
B5 Zip Code: **FL**

11. This report is prepared by the corporation's board of directors or other persons authorized by the corporation's board of directors for the purpose of satisfying the requirements of the Florida Statutes. The corporation's board of directors hereby certifies that the information is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes.

12. ADDITIONAL OFFICERS, DIRECTORS, AND DIRECTORS OF THE CORPORATION:

NAME	ADDRESS	STATE	DATE
D TODD, OWEN G.	501 N.E. 3RD ST BELLE GLADE FL	FL	
D TODD, DORIS J.	501 N.E. 3RD ST BELLE GLADE FL	FL	

13. ADDITIONAL OFFICERS, DIRECTORS, AND DIRECTORS OF THE CORPORATION:

NAME	ADDRESS	STATE	DATE

14. This report is prepared by the corporation's board of directors or other persons authorized by the corporation's board of directors for the purpose of satisfying the requirements of the Florida Statutes. The corporation's board of directors hereby certifies that the information is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *Owen G Todd* Owen G Todd Pres 5-16-95 101 990 2917

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MAY 10 1995 10:15

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J56416** (7)  
C.A.S. AUTO, INC.

3401 BROADWAY  
RIVIERA BCH FL 33404  
US

3. Date of Report: **02/27/1987**  
4. Filing Number: **59-2775233**  
5. Additional Fee Required: **\$0.75**  
6. Election Campaign Expenses: **\$5.00** May Be Added to Fees  
7. Additional Fee Required: **\$0.75**

21.  22.  23.  24.

9. Name and Address of Current Registered Agent

GERARD, MARGARET  
330 U.S. HWY 1  
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

FL 195

12. PTD  
STEVESON, C. P.  
~~222 MAPLECREST DR~~  
JUPITER FL **5793 MARBELWOOD CT**

14. I, the undersigned, being the duly authorized agent of the above-named corporation, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation for the year ended on the date specified in the report.

SIGNATURE:

*[Handwritten Signature]*

5-16-95 8447207

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DIVISION OF CORPORATIONS

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MAY 19 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J56796 (2)

1. Corporation Name:

HUMAN AND HEALTHCARE RESOURCES, INC.

Principal Office of Business:

1834 VENETIAN PT. DR.  
CLEARWATER FL 34615  
US

Main Office:

1834 VENETIAN PT. DR.  
CLEARWATER FL 34615  
US

DO NOT WRITE IN THIS SPACE

3. Date first organized or Qualified:

02/09/1987

3a. Date of Last Report:

05/01/1994

4. FCI Number:

59-2767783

Applied For:

Not Applicable

5. Certificate of Status (Required):

\$8.75 Additional  
Fee Required

6. Director Campaign Financing  
Trust Fund Contributions:

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under Section 199.03,  
Florida Statutes:  Yes  No

2. Principal Office of Business:

21

State:

2a. Main Office:

26

State:

22

City & State:

27

City & State:

23

City & State:

28

City & State:

24

City & State:

9. Name and Address of Current Registered Agent

SIKA, STEPHEN  
1834 VENETIAN PT DR  
CLEARWATER 34615

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number, if applicable):

83 City:

84 State:

FL

85 Zip Code:

11. Pursuant to the provisions of Section 199.03, Florida Statutes, this duly organized corporation submits the statement for the purpose of changing its registered office or registered agent to the Florida Department of State. The change was authorized by this corporation's board of directors, duly advised of the appointment of registered agent, and in compliance with the provisions of Section 199.03, Florida Statutes.

(Signature)

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SIGNATURE:

*Stephen Sika* Stephen Sika President 4/30/95  
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(813) 461-1035