

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

APPROVED
AND
FILED

5-18-95 14:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L44842**

(7)

1. Corporation Name

COASTAL LANDSCAPES, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Location

372 PINEY ISLAND DR.
C/O MORRIS B. WILLIAMS
FERNANDINA BCH FL 32034
US

Mailing Address

372 PINEY ISLAND DR.
C/O MORRIS B. WILLIAMS
FERNANDINA BCH FL 32034
US

3. Date of preparation of financials
01/19/1990

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

4. FIC Number
59-2988499

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 the 1993
Florida Statutes ☐ Yes ☒ No

2. Principal Office Location

21. City, Apt. # etc.

2a. Mailing Address

26. City, Apt. # etc.

22. City & State

27. City & State

23. City

28. City

24. City

29. City

30. City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, MORRIS B
372 PINEY ISLAND DR.
FERNANDINA BCH FL 32034**

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 607.15(2) and 607.15(3), 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, thereby, accept the appointment of its registered agent. I am hereby withdrawing the resignation of Section 607.15(2)(b), Florida Statutes.

SIGNATURE

Morris B Williams, PSD

5-18-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME	PSD WILLIAMS, MORRIS BRUCE
STREET ADDRESS	372 PINEY ISLAND DR. FERNANDINA BEACH FL
CITY	VTD
NAME	LAMPE, WALTER M.
STREET ADDRESS	4440 MERRIMAC AVE. JACKSONVILLE FL
CITY	
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.15(2)(b), Florida Statutes. I further certify that the information supplied on the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13 if a change of officers or directors is being filed.

SIGNATURE:

M. B. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-95

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FLORIDA DEPARTMENT OF STATE
Sandra H. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L45136** (3)

1. Corporation Name

SOLUTION SERVICES INC.

Principal Place of Business

10233 130TH ST. N.
LARGO FL 34644
US

Mailing Address

C/O SOLUTION SERVICES INC
P O BOX 4786
SEMINOLE FL 34645-786
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1990

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2992251

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 insurance tax under 3-127 Florida Statutes.

☐ Yes ☐ No

2. Principal Place of Business

21 12298 91ST TERR N

22 Suite Apt # etc

23 City & State

24 SEMINOLE, FL

25 34642

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MAY 12 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L45287**

(4)

1. Corporation Name

RAYMOND ARNOLD JEWELRY & PAWN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% RONALD R. SIMPSON
12586 SEMINOLE BLVD
LARGO FL 34648**

Mailing Address: **% RONALD R. SIMPSON
12586 SEMINOLE BLVD
LARGO FL 34648**

3. Date of Incorporation or Qualification: **01/22/1990** 3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26** 4. FCI Number: **57-0931015** Applied For: ☐ Not Applicable: ☐

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

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

8. This corporation has liability for intangible tax under s. 199.012, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent: **SIMPSON, RONALD R.
12586 SEMINOLE BLVD
LARGO FL 34648**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
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84. City: **FL** 85. Zip Code:
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L45434

(2)

1. Corporation Name

HEARTWOOD 15, INC.

Principal Place of Business

Mailing Address

**1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304**

**1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1990

3a. Date of Last Report

04/29/1994

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

25. City & State

29. City & State

30. City & State

4. FCI Number

65-0294579

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. 194.022,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARVALHO, JEAN
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304**

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 607.06(2) and 607.15(1)(b), 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 607.06(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D
NAME	LEVAN, ALAN B.
STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY, ST, ZIP	FT LAUDERDALE FL
NAME	DP
NAME	GRIECO, FRANK
STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY, ST, ZIP	FT LAUDERDALE FL
NAME	V
NAME	ABER, WILLIAM L.
STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY, ST, ZIP	FT LAUDERDALE FL
NAME	S
NAME	CARVALHO, JEAN
STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY, ST, ZIP	FT LAUDERDALE FL
NAME	T
NAME	EANES, JASPER
STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY, ST, ZIP	FT LAUDERDALE FL
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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 on Block 12 or Block 13 of changed or new attachments with an address.

SIGNATURE:

Jean Carvalho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

Page 4 of 4

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L45629**

(7)

1. Corporation Name

CASTLE REALTY OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

**2426 SW HINCHMAN STREET
PORT ST. LUCIE FL 34984
US**

**P.O. BOX 85-7171
PORT ST. LUCIE FL 34985
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1990

3a. Date of Last Report

12/23/1994

4. FFI Number

65-0180323

Applied for

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election to Waive Filing of
Taxes and Contributions

☐

**\$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

2a. Mailing Address

21. State Apt. #, etc.

26. State Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

29. Zip

Country

24.

25.

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9. Name and Address of Current Registered Agent

**THOMAS, LOIS M
2426 S.W. HINCHMAN ST.
PORT ST. LUCIE FL 34984**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Employer)

(Signature of Registered Agent or Registered Agent's Employer)

(Date)

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

**PD
THOMAS, LOIS M
2426 S.W. HINCHMAN ST.
PORT ST. LUCIE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

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4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

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5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

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5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 411.07(2)(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 and make no other note that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by 220.06(2), Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/95

467 340 1834