

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **S39278** (4)

95 JUN - 1 AM 10:30

1. Corporation Name  
**RANDALL T. CALIFF, D.D.S., P.A.**

Principal Place of Business      Mailing Address  
**6800 MIRAMAR PKWY**      **6800 MIRAMAR PKWY**  
**MIRAMAR FL 33023**      **MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/01/1991**      **05/01/1994**

4. FEI Number      Applied For  
**65-0235625**       Not Applicable

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

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

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      Country      30. Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALIFF, RANDALL T.**  
**6800 MIRAMAR PKWY**  
**MIRAMAR FL 33023**

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 typed to protect name of registered agent and for application

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PST</b>
NAME	<b>CALIFF, RANDALL T.</b>
STREET ADDRESS	<b>6800 MIRAMAR PKWY</b>
CITY, ST, ZIP	<b>MIRAMAR FL</b>
TITLE	<b>D</b>
NAME	<b>CALIFF, RANDALL T.</b>
STREET ADDRESS	<b>6800 MIRAMAR PKWY</b>
CITY, ST, ZIP	<b>MIRAMAR FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 110.07(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: **RANDALL CALIFF** *Randall Califf*

5-26-95      (305) 987-4488  
Date      (305) 432-1041

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MAY 1 1995

DOCUMENT # **S40872** (1)

1. Corporation Name  
**MADE BY HAND, INC.**

Principal Place of Business  
**RTF-0-BOX-7500- 155 Porsche Lane  
CRAWFORDVILLE FL 32327  
US**

Mailing Address  
**C/O GARY KEMPTON  
615 KENWOOD CT.  
SATELLITE BEACH FL 32907-4310  
US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/26/1991</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-3126779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KEMPTON, GARY  
RTF-0-BOX-7500 155 Porsche Lane  
CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

TITLE	<b>DPT</b>
NAME	<b>KEMPTON, GARY</b>
STREET ADDRESS	<b>RTF-0-BOX-7500 155 Porsche Lane</b>
CITY, ST, ZIP	<b>CRAWFORDVILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>KEMPTON, PEARL L</b>
STREET ADDRESS	<b>615 KENWOOD COURT</b>
CITY, ST, ZIP	<b>SATELLITE BEACH FL</b>
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 110.07(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: *Pearl L Kempton*  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 3, 1995* (407) 777-1972

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SECRETARY OF STATE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S41287** (1)  
1. Corporation Name  
**TRI-COUNTY PETROLEUM, INC.**

Principal Place of Business: **4182 S. UNIVERSITY DRIVE DAVE FL 33326**  
Mailing Address: **4182 S. UNIVERSITY DRIVE DAVE FL 33326**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
21	26		4. FEI Number <b>65-0251053</b>		Applied For Not Applicable
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. City	25. Country	29. City	30. Country	8. This corporation has been a resident under s. 119.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>OWEN, RICHARD W. 14300 SW 14 ST. FT. LAUDERDALE FL 33325</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (Name of registered agent or registered agent and their address) \_\_\_\_\_ (Registered Agent Signature) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PO</b>	NAME: <b>OWEN, JANIS</b> STREET ADDRESS: <b>460 SAILBOAT CIRCLE</b> CITY, ST, ZIP: <b>FT. LAUDERDALE FL</b>	1.1 TITLE: <b>S,T,P,D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VD</b>	NAME: <b>MIZELL, ROSA</b> STREET ADDRESS: <b>14300 SW 14 ST.</b> CITY, ST, ZIP: <b>FT. LAUDERDALE FL</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>STD</b>	NAME: <b>SCHUTT, CHRISTINE</b> STREET ADDRESS: <b>7715 SW 9 ST.</b> CITY, ST, ZIP: <b>N LAUDERDALE FL</b>	3.1 TITLE: <b>DELETE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Janis Owen, President**      6/1/95      305 475 8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      TELEPHONE NUMBER