

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

1995



1. 在 1990 年 12 月 31 日以前，
 2. 在 1990 年 12 月 31 日以前，
 3. 在 1990 年 12 月 31 日以前，
 4. 在 1990 年 12 月 31 日以前，
 5. 在 1990 年 12 月 31 日以前，

APPROVED
AND
FILED

95 MAY 10 AM 10:25

DOCUMENT # 159224

(5)

PASS PAINTING CO

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

150 N.W. 73RD STREET
MIAMI FL 33150-0506

150 NW 73RD STREET
MIAMI FL 33150-0506

THE FINE STRUCTURE OF THE SPACE

		3. Date first started or acquired 10/03/1949		3a. Date of last report 03/18/1994	
2. Principal business or profession	2a. Major product	4. FEIN Number 59-0608490		Applied for Not Applicable	
21. (See Schedule D)	26. Single Apt # etc	5. Certificate of State (Required) ☐		\$8.75 Additional Fee Required	
22. (See Schedule D)	27. City & State	6. Election Campaign Financing Total Fund Contribution ☐		\$5.00 May Be Added to Fees	
23. (See Schedule D)	28. City	6b. This corporation has liability for intangible tax under S. 1991 D.32 Florida Statutes ☐ Yes ☒ No			
24. (See Schedule D)	29. City	30. (See Schedule D)			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITAKER, FRANK M. 150 N.W. 73RD STREET MIAMI FL 33150-0506		81	Name
		82	Street Address, P.O. Box Number, Not Acceptation
		83	
		84	City
		FL	85 Zip Code

11. I, _____, the undersigned, being duly sworn, depose and say that the above stated corporation submits the statement for the purpose of signifying its respect for other persons' rights to privacy in the public records of Florida. I am authorized by the board of directors of the corporation to make this statement, and the corporation is authorized agent. I am duly sworn to the truth of the foregoing statement under the laws of the State of Florida.

12. OFFICERS AND DETECTIVES		13. ADDITIONAL CHARGES TO OFFICERS AND DETECTIVES	
NAME	P WHITAKER, FRANK M. 150 N.W. 73RD STREET MIAMI, FL 00000	1. NAME	☐ Charge ☐ Address
CHARGE & CODE	V MIKULAS, DAVID W. 150 N. W. 73RD STREET MIAMI FL	2. CHARGE ADDRESS	☐ Charge ☐ Address
NAME	S MCGILL, SALLY I. 150 N.W. 73RD STREET MIAMI, FL 00000	3. NAME	☐ Charge ☐ Address
CHARGE & CODE	C PASS, SPENCE H. 1000 FALCON AVE MIAMI SPRINGS FL	4. CHARGE ADDRESS	☐ Charge ☐ Address
NAME		5. NAME	☐ Charge ☐ Address
CHARGE & CODE		6. CHARGE ADDRESS	☐ Charge ☐ Address
NAME		7. NAME	☐ Charge ☐ Address
CHARGE & CODE		8. CHARGE ADDRESS	☐ Charge ☐ Address
NAME		9. NAME	☐ Charge ☐ Address
CHARGE & CODE		10. CHARGE ADDRESS	☐ Charge ☐ Address
NAME		11. NAME	☐ Charge ☐ Address
CHARGE & CODE		12. CHARGE ADDRESS	☐ Charge ☐ Address

14. I hereby certify that the information supplied with this filing is voluntarily furnished, and that, not only for the exemption stated in Section 1301(f)(2)(B) of the Florida Statutes, but further, that the information could not be lawfully obtained or supplied without request is true and accurate and that my signature shall have the same legal effect as a notarized certificate. That this affidavit is one of the requirements of the treatment of the information contained in or made into this report as reported by Chapter 605, Florida Statutes, and that my signature appears in Block 13 of Block 1 of the document, or on a duly filed page or page.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OF DISTRICT

S-4-95

305 7517855

(0)

INDIAN LAKE, FLORIDA

1231 - 99 ST
BAY HARBOR ISLANDS FL 33154

		3. Date of Incorporation (12/31/94)		3a. Date of Filing	
		07/03/1954		05/13/1994	
2. State of Incorporation	2b. Principal Office	4. Filing Fee	Approved For		
21. CA	2b. CA	59-6076236	Not Applicable		
22. Certificate of Status (Form 112)	27. \$8.75 Additional Fee Required				
23. Election Campaign Financing Report (Form 7060)	28. \$5.00 May Be Added to Fees				
24. The corporation has liability for alternative tax under Section 1361(b)(3) of the Internal Revenue Code	29. Yes ☒ No ☐				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERSON, GARY R., CPA 666 71ST STREET MIAMI BEACH FL 33141		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 Zip Code

11. Pursuant to the provisions of Sections 601.02(1) and 601.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered office located in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I, _____, accept the appointment as registered agent. I am hereby appointed as the registered agent of the corporation of _____, a corporation of the State of Florida.

2010年12月24日

[illegible][illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND PRINTED NAME OF BUYING OFFICER OR DIRECTOR
GARY R GERSON REGISTERED AGENT

5-6-95

868-3600

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

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES

APPROVED
FILED

11/20/1994

MIAMI, FLORIDA

DOCUMENT # 181769

(1)

CASTLE HOMES INC

1. Principal Office Address 1231 - 99TH STREET BAY HARBOR ISLAND FL 33154		2. Mailing Address 1231 - 99TH STREET BAY HARBOR ISLAND FL 33154		3. Date of Filing 11/20/1994		3a. Date of Last Report 05/13/1994	
2. Filing Office 21	2a. Mailing Address 26	4. FFI Number 59-0820644		Applied For Not Applicable			
22	27	5. Certificate of Status Covered ☐		\$8.75 Additional Fee Required			
23	28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
24	25	29	30	8. This corporation has liability for intangible tax under § 199.052 Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent GERSON, GARY R., CPA 666 71ST STREET MIAMI BEACH FL 33141				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Applicable)			
				83.			
				84. City			
				FL 85. Zip Code			
11. Pursuant to the provisions of Sections 199.051 and 199.052, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, accept the appointment as registered agent. I am hereby authorized to file this statement. (See Section 199.051, Florida Statutes)							
12. OFFICERS AND DIRECTORS							
13. ADDITIONAL CHANGES TO OFFICERS, AGENTS AND DIRECTORS							
14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed true and correct, for the corporation stated to have been filed in the State of Florida. I further certify that the information is included on this annual report or supplemental annual report is true and correct 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 of the corporation 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 of the corporation and that my signature shall have the same legal effect as if made under oath.							
SIGNATURE: X GARY R. GERSON REGISTERED AGENT							

5-6-95

305-868-3600

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AND
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50 MAY 12 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 184397

(8)

FORE OIL CO.

4947 SOUTHFORK DRIVE
P O BOX 2628
LAKELAND FL 33818
US

P.O. BOX 2628
P O BOX 2628
LAKELAND FL 33806
US

2. Filing Agent's Name and Address		2a. Filing Agent's Name	3. Date incorporated or organized	3a. Date of Last Report
21. State of Florida		26. State of Florida	04/07/1955	03/08/1994
22. City and State		27. City and State	4. Filing Number	Applied For
23. City and State		28. City and State	59-0751883	Not Applicable
24. City and State		29. City and State	5. Certificate of Status (Issued)	\$8.75 Additional Fee Required
25. City and State		30. City and State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. City and State		31. City and State	7. This corporation has failed to file its annual report under S. 190.001, Florida Statutes.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORE JR, FRANK J
4947 SOUTHFORK DR
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.001 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors, having adopted the appointment of registered agent form attached with and accepted the consequences of Section 607.001, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92	
NAME	PTD FORE, FRANK J JR 4947 SOUTHFORK DR LAKELAND FL	14. NAME	☐ Change ☐ Addition
15. ADDRESS		16. ADDRESS	☐ Change ☐ Addition
17. ADDRESS		18. ADDRESS	☐ Change ☐ Addition
19. ADDRESS		20. ADDRESS	☐ Change ☐ Addition
21. ADDRESS		22. ADDRESS	☐ Change ☐ Addition
23. ADDRESS		24. ADDRESS	☐ Change ☐ Addition
25. ADDRESS		26. ADDRESS	☐ Change ☐ Addition
27. ADDRESS		28. ADDRESS	☐ Change ☐ Addition
29. ADDRESS		30. ADDRESS	☐ Change ☐ Addition
31. ADDRESS		32. ADDRESS	☐ Change ☐ Addition
33. ADDRESS		34. ADDRESS	☐ Change ☐ Addition
35. ADDRESS		36. ADDRESS	☐ Change ☐ Addition
37. ADDRESS		38. ADDRESS	☐ Change ☐ Addition
39. ADDRESS		40. ADDRESS	☐ Change ☐ Addition
41. ADDRESS		42. ADDRESS	☐ Change ☐ Addition
43. ADDRESS		44. ADDRESS	☐ Change ☐ Addition
45. ADDRESS		46. ADDRESS	☐ Change ☐ Addition
47. ADDRESS		48. ADDRESS	☐ Change ☐ Addition
49. ADDRESS		50. ADDRESS	☐ Change ☐ Addition
51. ADDRESS		52. ADDRESS	☐ Change ☐ Addition
53. ADDRESS		54. ADDRESS	☐ Change ☐ Addition
55. ADDRESS		56. ADDRESS	☐ Change ☐ Addition
57. ADDRESS		58. ADDRESS	☐ Change ☐ Addition
59. ADDRESS		60. ADDRESS	☐ Change ☐ Addition
61. ADDRESS		62. ADDRESS	☐ Change ☐ Addition
63. ADDRESS		64. ADDRESS	☐ Change ☐ Addition
65. ADDRESS		66. ADDRESS	☐ Change ☐ Addition
67. ADDRESS		68. ADDRESS	☐ Change ☐ Addition
69. ADDRESS		70. ADDRESS	☐ Change ☐ Addition
71. ADDRESS		72. ADDRESS	☐ Change ☐ Addition
73. ADDRESS		74. ADDRESS	☐ Change ☐ Addition
75. ADDRESS		76. ADDRESS	☐ Change ☐ Addition
77. ADDRESS		78. ADDRESS	☐ Change ☐ Addition
79. ADDRESS		80. ADDRESS	☐ Change ☐ Addition
81. ADDRESS		82. ADDRESS	☐ Change ☐ Addition
83. ADDRESS		84. ADDRESS	☐ Change ☐ Addition
85. ADDRESS		86. ADDRESS	☐ Change ☐ Addition
87. ADDRESS		88. ADDRESS	☐ Change ☐ Addition
89. ADDRESS		90. ADDRESS	☐ Change ☐ Addition
91. ADDRESS		92. ADDRESS	☐ Change ☐ Addition
93. ADDRESS		94. ADDRESS	☐ Change ☐ Addition
95. ADDRESS		96. ADDRESS	☐ Change ☐ Addition
97. ADDRESS		98. ADDRESS	☐ Change ☐ Addition
99. ADDRESS		100. ADDRESS	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and given not equally for the record filed as required by Section 190.001, Florida Statutes. I further certify that the information is stated on the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. This statement shall be on file for the corporation on the record of the corporation's filing with the Secretary of State, Florida Statutes, and that my signature appears as the filer of this filing as required by Chapter 190, Florida Statutes.

SIGNATURE:

SIGNATURE AND TITLE OF PERSON SIGNING OFFICER OR DIRECTOR

2-1-95

813-648-0004

0163386