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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **202929** **(6)**

1. Corporate Name

RADIANT OIL COMPANY OF TAMPA INC

Principal Place of Business	Mailing Address
2004 DURHAM STREET P.O. BOX 5238 TAMPA FL 33605	2004 DURHAM STREET P.O. BOX 5238 TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1957**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0803625**	☐ 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 validly elected subchapter S taxation under S. 1362(a), Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPITANO,NICK 2004 DURHAM ST TAMPA FL 33605	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 Section 607.1622, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PD	TYPE	☐ Change ☐ Addition
NAME	CAPITANO,NICK	NAME	
STREET ADDRESS	602-CAROLYN DR	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	CITY-ST-ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	CAPITANO,ANGELINA	NAME	
STREET ADDRESS	602-CAROLYN DR	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	CITY-ST-ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	CAPITANO,JOSEPH	NAME	
STREET ADDRESS	2117 ERNA DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this 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 with an asterisk, or on an attachment with an asterisk.

SIGNATURE: *[signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0291162 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 202930 (4)

1. Corporation Name

NICK CAPITANO, INC.

Principal Place of Business: 2004 DURHAM STREET, P.O.BOX 5238, TAMPA FL 33605

Mailing Address: 2004 DURHAM STREET, P.O.BOX 5238, TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1957

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

4. FEI Number: 59-6081028 [ ] 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. 199.032 Florida Statutes. [✓] Yes [ ] No

2. Principal Place of Business: 21 / 22 Suite, Apt # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address: 26 / 27 Suite, Apt # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPITANO,NICK 2004 DURHAM ST TAMPA FL 33605	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	[ ] Change [ ] Addition
NAME	CAPITANO,NICK	1 NAME	
STREET ADDRESS	602 CAROLYN DR	1 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	[ ] Change [ ] Addition
NAME	CAPITANO,ANGELINA	2 NAME	
STREET ADDRESS	602 CAROLYN DR	2 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	[ ] Change [ ] Addition
NAME	CAPITANO,JOSEPH	3 NAME	
STREET ADDRESS	2117-ERNA DR	3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(i), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0201170 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # 215958 (0)

1. GOLD COAST INSURANCE AGENCY, INC.

700 N.E. 125TH STREET
NORTH MIAMI FL 33161

700 N.E. 125TH STREET
NORTH MIAMI FL 33161

3. Date of Incorporation: 10/01/1958

3a. Date of Last Report: 04/18/1994

4. FEI Number: 59-0933281

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. Is this corporation actually a tax exempt organization?

2. 21 3780 N.E. 167 ST

2a. Mailing Address: 26 SAME

22

27

23 NORTH MIAMI BEACH 28

24 FLA 33160 25 USA 29 30

9. Name and Address of Current Registered Agent

GEORGE,DANIEL C
700 N.E. 125 STREET
NORTH MIAMI FL 33161
3780 NE 167 TH ST
NORTH MIAMI BEACH, FLA 33160

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 Section 607.1905 and/or 608.4105, Florida Statutes, the undersigned corporation submits the following for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The changes were 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 607.325, Florida Statutes.

SIGNATURE: DANIELLE GEORGE 5/11/95

12. CURRENT OFFICERS AND DIRECTORS

TYPE	DP
NAME	GEORGE,DANIEL C
STREET ADDRESS	700 N.E. 125TH ST.
CITY-ST-ZIP	NORTH MIAMI FL
TYPE	DST
NAME	AMES, MERVYN
STREET ADDRESS	700 NE 125 STREET
CITY-ST-ZIP	N MIAMI, FL 0

ADDRESS AS PER ABOVE

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

14. I declare, under penalty that the information supplied with this report is validly furnished and does not qualify for the exemption stated in Section 119.07, 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 I am aware of and understand the penalties for knowingly signing, authorizing, or verifying any document with an address, made or required to be delivered for filing under Chapter 607, Florida Statutes, which is false in any material respect.

SIGNATURE: 5/11/95 305 9450954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0173980 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 219294 (6)

JERRY LIPPS, INC.

Principal Place of Business	Mailing Address
P O BOX DRAWER F CAPE GIRARDEAU MO 63702	P O BOX DRAWER F CAPE GIRARDEAU MO 63702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1959	3a. Date of Last Report: 03/15/1994
4. FEI Number: 43-0768037	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. 199.032 Florida Statutes [ ] Yes [✓] No	

2. Principal Place of Business — 2a. Mailing Address

9. Name and Address of Current Registered Agent

MOSS, MARVIN I.
4651 SHERIDAN STR
STE 300
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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	NAME / STREET ADDRESS / CITY-ST-ZIP
P	LIPPS, JERRY 2735 JEWELL DRIVE CAPE GIRARDEAU MO
ST	MATTHEWS, DOROTHY J. 2728 LEROY CAPE CIRARDEAU MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] 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(3)(i), 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 of the report or on an attachment with an address.

SIGNATURE: [signature] Dorothy Matthews 5-16-95 314 335 8204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0489906 FN

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

DOCUMENT # **237117** **(7)**

1. Current Name
R & W ENTERPRISES INC

Principal Place of Business	Mailing Address
2840 ALTON DR. ST. PETERSBURG BEACH FL 33706-2702	2840 ALTON DR. ST. PETERSBURG BEACH FL 33706-2702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1960**	3a. Date of Last Report: **05/27/1994**
4. FEI Number: **59-1097321**	☐ 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/will, for corporate tax under § 199.032, Florida Statutes: ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARDSON, DAN K. 2840 ALTON DR. ST. PETERSBURG BEACH FL 33706-2702	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 Section 607.1941, and/or 608 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. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
PD RICHARDSON, MARJORIE E. 115 HILLTOP BLVD. CANFIELD OH	☐ Change ☐ Addition
D RICHARDSON, LEROY 524 SANDRA AVENUE HARRISBURG PA	☐ Change ☐ Addition
D ~~THORP, HELEN E.~~ Walter A. Coy, Jr. ~~N. MAIN ST. BOX 42~~ 46 Columbus Rd ~~CHERRY CREEK NY~~ Bedford, OH	☐ Change ☐ Addition
TDV RICHARDSON, DAN 2840 ALTON DR. ST. PETE. BEACH FL	☐ Change ☐ Addition
SD INGRAM, MICHAEL A. 2840 ALTON DR. ST. PETE. BEACH FL	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Dan K. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dan K. Richardson

5-17-95
Date

813 367-5245
Daytime Phone #

030878 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
FILED

DOCUMENT # **246231** **(5)**

1. Corporate Name

SEMINOLE BLUEPRINT & SUPPLY INC

Principal Place of Business	Mailing Address
1212 NORTH MONROE ST TALLAHASSEE FL 32303	1212 NORTH MONROE ST TALLAHASSEE FL 32303

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **04/04/1961**
3a. Date of Last Report: **08/05/1994**

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

4. FEI Number: **59-0933584** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAMBERT, ROBERT F. 1212 N MONROE ST TALLAHASSEE FL 32303	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 Section(s) 607.1007 and/or 1608, 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 (if changing the Registered Agent, Registered Agent must sign here) DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR DATA
TYPE	PD	☐ Change ☐ Addition
NAME	LAMBERT, ROBERT F	
STREET ADDRESS	1212 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TYPE	D	☐ Change ☐ Addition
NAME	HERRINGTON, JAMES E.	
STREET ADDRESS	1212 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TYPE	SD	☐ Change ☐ Addition
NAME	LAMBERT, MAGGIE F.	
STREET ADDRESS	1212 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I, the undersigned, affirm that the information supplied with this 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 above, or on an attachment with an address.

SIGNATURE: R. F. Lambert R. F. Lambert **5-18-95** **904/222-1711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0024429 CP