

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 23 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 202929 (6)

1. Corporation Name

RADIANT OIL COMPANY OF TAMPA 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

59-0803625

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. The corporation has liability for redemption tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

State: April 1995

2a. Mailing Address

26

State: April 1995

22

City & State

27

City & State

23

Zip

25

Country

28

Zip

30

Country

9. Name and Address of Current Registered Agent

CAPITANO, NICK
2004 DURHAM ST
TAMPA FL 33605

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 190.031 and 190.032, 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 190.032, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the new registered agent.

Signature of the person who is the president or secretary of the corporation.

Witness

12. OFFICERS AND DIRECTORS

NAME

STREET ADDRESS

CITY & STATE

PO
CAPITANO, NICK
602-CAROLYN DR
BRANDON FL

NAME

STREET ADDRESS

CITY & STATE

D
CAPITANO, ANGELINA
602-CAROLYN DR
BRANDON FL

NAME

STREET ADDRESS

CITY & STATE

D
CAPITANO, JOSEPH
2117 ERNA DR
TAMPA FL

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

NAME

STREET ADDRESS

CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY & STATE

☐ Change ☐ Addition

1. NAME

2. STREET ADDRESS

3. CITY & STATE

☐ Change ☐ Addition

1. NAME

2. STREET ADDRESS

3. CITY & STATE

☐ Change ☐ Addition

1. NAME

2. STREET ADDRESS

3. CITY & STATE

☐ Change ☐ Addition

1. NAME

2. STREET ADDRESS

3. CITY & STATE

☐ Change ☐ Addition

1. NAME

2. STREET ADDRESS

3. CITY & STATE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not guilty for the exemptions stated in Section 190.031(4)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report or true and correct report 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 owner or holder empowered to make this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an officer or holder with an address.

SIGNATURE:

Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
3900 North Florida Avenue, Suite 200
Tallahassee, Florida 32310-2000

APPROVED
AND
FILED

RECEIVED MAY 10 1995

DOCUMENT # 202930

(4)

1. Corporation Name

NICK CAPITANO, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
2004 DURHAM STREET
P.O. BOX 5238
TAMPA FL 33605

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

(Do not write in this space)

21. Filing Date of Report	26. Mailing Address	4. FET Number	38. Date of Last Report
22. Report Date	27. Report Date	5. Certificate of Status Issued	39. Date of Last Report
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	40. This corporation has liability for adoption fees under 1994 QAP Florida Statutes
24. City	29. City	7. 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 85. Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 authorized to accept the adoption of Section 607 of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME PD CAPITANO, NICK 602 CAROLYN DR BRANDON FL	1. NAME ☐ Change ☐ Addition
2. NAME D CAPITANO, ANGELINA 602 CAROLYN DR BRANDON FL	2. NAME ☐ Change ☐ Addition
3. NAME D CAPITANO, JOSEPH 2117-ERNA DR TAMPA FL	3. NAME ☐ Change ☐ Addition
4. NAME	4. NAME ☐ Change ☐ Addition
5. NAME	5. NAME ☐ Change ☐ Addition
6. NAME	6. NAME ☐ Change ☐ Addition
7. NAME	7. NAME ☐ Change ☐ Addition
8. NAME	8. NAME ☐ Change ☐ Addition
9. NAME	9. NAME ☐ Change ☐ Addition
10. NAME	10. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.05, 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 liquidator proposed to seek into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an official form with an address.

SIGNATURE: _____
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1944年12月1日

1995

[illegible]

DOCUMENT # **215958**

(0)

GOLD COAST INSURANCE AGENCY, INC.

APPROVED

15

FLORIDA
TALLahassee, FLORIDA

700 N.E. 125TH STREET NORTH MIAMI FL 33161		700 N.E. 125TH STREET NORTH MIAMI FL 33161	
2. Date of this Registration		2a. Mailing Address	
21 3780 N.E. 167 ST		26 SAME	
22		27	
23 North Miami Beach		28	
24 FLA 33160 25 USA		29	
9. Name and Address of Current Registered Agent			
3. Date of Registration		3a. Date of this Request	
10/01/1998		04/18/1994	
4. FID Number		5. Amount of Additional Fee Required	
59-0933281		\$8.75 Additional Fee Required	
6. Election Campaign Financing		7. Amount of Additional Fee Required	
Trust Fund Contributions		\$5.00 May Be Added to Fees	
8. This certificate is not subject to the election fee under 22 USC 3102		9. This certificate is not subject to the election fee under 22 USC 3102	
10. Name and Address of New Registered Agent		11. Name and Address of New Registered Agent	

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

01	Name	
02	Street Address (100 West Houston is best description)	
03		
04	City	85 Zip Code

11. Pursuant to the provisions of Sections 601 and 602, Florida Statutes, the above named corporation certifies the statement for the purpose of obtaining a completed report of both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept this agreement as completed report of said corporation and accept the obligation of Section 602, Florida Statutes.

WITNESSED BY: David George DAVID GEORGE 5/15/19

12.	OFFICIAL AND DIRECTOR	13.	ADDITIONAL CHARGES TO OFFICIAL AND DIRECTOR, IN 12
DP			
GEORGE DANIEL C			

NAME	GEORGE, DANIEL C	DOB	11/11/1955
Street Address	700 N.E. 12TH ST.	City	MIAMI, FL
State	FL	County	DADE

NAME	DST AMES, MERVYN	DOB	19-08-1926	SSN	100-2655	POB		EXP		APP	
------	---------------------	-----	------------	-----	----------	-----	--	-----	--	-----	--

700 NE 125 STREET
N MIAMI BEACH
FL 33136
1-313-361-1234

[illegible]

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523
--	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

$$H_2(A) \cong H_2(B)$$
[illegible][illegible][illegible]

1. <u>DATE</u> <u>10/10/20</u> 2. <u>TIME</u> <u>12:30</u> 3. <u>LOCATION</u> <u>1000</u> 4. <u>WIND</u> <u>1000</u> 5. <u>WAVE</u> <u>1000</u> 6. <u>SEA</u> <u>1000</u> 7. <u>SKY</u> <u>1000</u> 8. <u>TEMP</u> <u>1000</u> 9. <u>WIND</u> <u>1000</u> 10. <u>WAVE</u> <u>1000</u> 11. <u>SEA</u> <u>1000</u> 12. <u>SKY</u> <u>1000</u> 13. <u>TEMP</u> <u>1000</u> 14. <u>WIND</u> <u>1000</u> 15. <u>WAVE</u> <u>1000</u> 16. <u>SEA</u> <u>1000</u> 17. <u>SKY</u> <u>1000</u> 18. <u>TEMP</u> <u>1000</u> 19. <u>WIND</u> <u>1000</u> 20. <u>WAVE</u> <u>1000</u> 21. <u>SEA</u> <u>1000</u> 22. <u>SKY</u> <u>1000</u> 23. <u>TEMP</u> <u>1000</u> 24. <u>WIND</u> <u>1000</u> 25. <u>WAVE</u> <u>1000</u> 26. <u>SEA</u> <u>1000</u> 27. <u>SKY</u> <u>1000</u> 28. <u>TEMP</u> <u>1000</u> 29. <u>WIND</u> <u>1000</u> 30. <u>WAVE</u> <u>1000</u> 31. <u>SEA</u> <u>1000</u> 32. <u>SKY</u> <u>1000</u> 33. <u>TEMP</u> <u>1000</u> 34. <u>WIND</u> <u>1000</u> 35. <u>WAVE</u> <u>1000</u> 36. <u>SEA</u> <u>1000</u> 37. <u>SKY</u> <u>1000</u> 38. <u>TEMP</u> <u>1000</u> 39. <u>WIND</u> <u>1000</u> 40. <u>WAVE</u> <u>1000</u> 41. <u>SEA</u> <u>1000</u> 42. <u>SKY</u> <u>1000</u> 43. <u>TEMP</u> <u>1000</u> 44. <u>WIND</u> <u>1000</u> 45. <u>WAVE</u> <u>1000</u> 46. <u>SEA</u> <u>1000</u> 47. <u>SKY</u> <u>1000</u> 48. <u>TEMP</u> <u>1000</u> 49. <u>WIND</u> <u>1000</u> 50. <u>WAVE</u> <u>1000</u> 51. <u>SEA</u> <u>1000</u> 52. <u>SKY</u> <u>1000</u> 53. <u>TEMP</u> <u>1000</u> 54. <u>WIND</u> <u>1000</u> 55. <u>WAVE</u> <u>1000</u> 56. <u>SEA</u> <u>1000</u> 57. <u>SKY</u> <u>1000</u> 58. <u>TEMP</u> <u>1000</u> 59. <u>WIND</u> <u>1000</u> 60. <u>WAVE</u> <u>1000</u> 61. <u>SEA</u> <u>1000</u> 62. <u>SKY</u> <u>1000</u> 63. <u>TEMP</u> <u>1000</u> 64. <u>WIND</u> <u>1000</u> 65. <u>WAVE</u> <u>1000</u> 66. <u>SEA</u> <u>1000</u> 67. <u>SKY</u> <u>1000</u> 68. <u>TEMP</u> <u>1000</u> 69. <u>WIND</u> <u>1000</u> 70. <u>WAVE</u> <u>1000</u> 71. <u>SEA</u> <u>1000</u> 72. <u>SKY</u> <u>1000</u> 73. <u>TEMP</u> <u>1000</u> 74. <u>WIND</u> <u>1000</u> 75. <u>WAVE</u> <u>1000</u> 76. <u>SEA</u> <u>1000</u> 77. <u>SKY</u> <u>1000</u> 78. <u>TEMP</u> <u>1000</u> 79. <u>WIND</u> <u>1000</u> 80. <u>WAVE</u> <u>1000</u> 81. <u>SEA</u> <u>1000</u> 82. <u>SKY</u> <u>1000</u> 83. <u>TEMP</u> <u>1000</u> 84. <u>WIND</u> <u>1000</u> 85. <u>WAVE</u> <u>1000</u> 86. <u>SEA</u> <u>1000</u> 87. <u>SKY</u> <u>1000</u> 88. <u>TEMP</u> <u>1000</u> 89. <u>WIND</u> <u>1000</u> 90. <u>WAVE</u> <u>1000</u> 91. <u>SEA</u> <u>1000</u> 92. <u>SKY</u> <u>1000</u> 93. <u>TEMP</u> <u>1000</u> 94. <u>WIND</u> <u>1000</u> 95. <u>WAVE</u> <u>1000</u> 96. <u>SEA</u> <u>1000</u> 97. <u>SKY</u> <u>1000</u> 98. <u>TEMP</u> <u>1000</u> 99. <u>WIND</u> <u>1000</u> 100. <u>WAVE</u> <u>1000</u> 101. <u>SEA</u> <u>1000</u> 102. <u>SKY</u> <u>1000</u> 103. <u>TEMP</u> <u>1000</u> 104. <u>WIND</u> <u>1000</u> 105. <u>WAVE</u> <u>1000</u> 106. <u>SEA</u> <u>1000</u> 107. <u>SKY</u> <u>1000</u> 108. <u>TEMP</u> <u>1000</u> 109. <u>WIND</u> <u>1000</u> 110. <u>WAVE</u> <u>1000</u> 111. <u>SEA</u> <u>1000</u> 112. <u>SKY</u> <u>1000</u> 113. <u>TEMP</u> <u>1000</u> 114. <u>WIND</u> <u>1000</u> 115. <u>WAVE</u> <u>1000</u> 116. <u>SEA</u> <u>1000</u> 117. <u>SKY</u> <u>1000</u> 118. <u>TEMP</u> <u>1000</u> 119. <u>WIND</u> <u>1000</u> 120. <u>WAVE</u> <u>1000</u> 121. <u>SEA</u> <u>1000</u> 122. <u>SKY</u> <u>1000</u> 123. <u>TEMP</u> <u>1000</u> 124. <u>WIND</u> <u>1000</u> 125. <u>WAVE</u> <u>1000</u> 126. <u>SEA</u> <u>1000</u> 127. <u>SKY</u> <u>1000</u> 128. <u>TEMP</u> <u>1000</u> 129. <u>WIND</u> <u>1000</u> 130. <u>WAVE</u> <u>1000</u> 131. <u>SEA</u> <u>1000</u> 132. <u>SKY</u> <u>1000</u> 133. <u>TEMP</u> <u>1000</u> 134. <u>WIND</u> <u>1000</u> 135. <u>WAVE</u> <u>1000</u> 136. <u>SEA</u> <u>1000</u> 137. <u>SKY</u> <u>1000</u> 138. <u>TEMP</u> <u>1000</u> 139. <u>WIND</u> <u>1000</u> 140. <u>WAVE</u> <u>1000</u> 141. <u>SEA</u> <u>1000</u> 142. <u>SKY</u> <u>1000</u> 143. <u>TEMP</u> <u>1000</u> 144. <u>WIND</u> <u>1000</u> 145. <u>WAVE</u> <u>1000</u> 146. <u>SEA</u> <u>1000</u> 147. <u>SKY</u> <u>1000</u> 148. <u>TEMP</u> <u>1000</u> 149. <u>WIND</u> <u>1000</u> 150. <u>WAVE</u> <u>1000</u> 151. <u>SEA</u> <u>1000</u> 152. <u>SKY</u> <u>1000</u> 153. <u>TEMP</u> <u>1000</u> 154. <u>WIND</u> <u>1000</u> 155. <u>WAVE</u> <u>1000</u> 156. <u>SEA</u> <u>1000</u> 157. <u>SKY</u> <u>1000</u> 158. <u>TEMP</u>

[illegible]

SIGNATURE: *Robert A. [Signature]* 5/14/95 305 945095

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

APPROVED
AND
FILED

COMM. CH. 15

INDIVIDUAL FILING

CORPORATION
ARTICLE 14, CHAPTER 191



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Corporate and Commercial Code

1995

DOCUMENT # 219294

(6)

JERRY LIPPS, INC.

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 of Incorporation or Qualification 01/17/1959	3a. Date of Last Report 03/15/1994
4. FFI Number 43-0768037	Apply 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. Previous FFI Number (Optional) 21	2a. Mailing Address 26
22. State App. # (Optional) 22	27. State App. # (Optional) 27
23. City & State 23	28. City & State 28
24. 25	29. 29
30	

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 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 607.01(1) and 607.01(2), Florida Statutes, the above named corporation attests this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Its change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of new business under Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)
NAME P LIPPS, JERRY Street Address 2735 JEWELL DRIVE City & State CAPE GIRARDEAU MO	☐ Change ☐ Addition
NAME ST MATTHEWS, DOROTHY J. Street Address 2728 LEROY City & State CAPE GIRARDEAU MO	☐ Change ☐ Addition
NAME Street Address City & State	☐ Change ☐ Addition
NAME Street Address City & State	☐ Change ☐ Addition
NAME Street Address City & State	☐ Change ☐ Addition
NAME Street Address City & State	☐ Change ☐ Addition
NAME Street Address City & State	☐ Change ☐ Addition
NAME Street Address City & State	☐ Change ☐ Addition
NAME Street Address City & State	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, and that my signature shall have the same legal effect and shall make valid any that may be made or done for this corporation or the officers or directors empowered to make up this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 of this report as an officer or director with an address.

SIGNATURE: *Dorothy Matthews* **Dorothy Matthews** 5-16-95 314 335 8204

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Marjorie E. Marston
Secretary of State
Tallahassee, FL 32399-0001

APPROVED
AND
FILED

05 JUL 95 PM 10:22

SEE TAX RETURN
TAXPAYER'S STATE

DOCUMENT # 237117 (7)

R & W ENTERPRISES INC

Principal Place of Business: 2840 ALTON DR.
ST. PETERSBURG BEACH FL 33706-2702
Mailing Address: 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
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 21
2a. Mailing Address: 26
3. State: Apt. # etc.: 22
3a. State: Apt. # etc.: 27
4. City: State: 23
4a. City: State: 28
5. Zip: 24
5a. Zip: 29
6. Country: 30

9. Name and Address of Current Registered Agent

RICHARDSON, DAN K.
2840 ALTON DR.
ST. PETERSBURG BEACH FL 33706-2702

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 607.01(4) and 607.11(1)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. The both in the State of Florida. Each change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am hereby authorized to accept the qualifications of Section 607.01(4), Florida Statutes.

SIGNATURE:

Signature of Registered Agent (Type or Print Name)

Signature of New Registered Agent (Type or Print Name)

1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	PD RICHARDSON, MARJORIE E. 115 HILLTOP BLVD. CANFIELD OH	1 NAME	☐ Change ☐ Addition
STREET ADDRESS	D RICHARDSON, LEROY 524 SANDRA AVENUE HARRISBURG PA	2 NAME	☐ Change ☐ Addition
CITY, STATE, ZIP	D THORP, HELEN E. Walter A. Coy, Jr. N. MAIN ST. BOX 42 46 Columbus Rd CHERRY CREEK NY Bedford, OH	3 NAME	☐ Change ☐ Addition
NAME	TDV RICHARDSON, DAN 2840 ALTON DR. ST. PETE. BEACH FL	4 NAME	☐ Change ☐ Addition
STREET ADDRESS	SD INGRAM, MICHAEL A. 2840 ALTON DR. ST. PETE. BEACH FL	5 NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		6 NAME	☐ Change ☐ Addition
NAME		7 NAME	☐ Change ☐ Addition
STREET ADDRESS		8 NAME	☐ Change ☐ Addition
CITY, STATE, ZIP		9 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(g), Florida Statutes. I further certify that the information included on this annual report is 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 this 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, or both, as changed, or on an addition with an address.

SIGNATURE:

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

5-17-95

813 367-5245

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DOCS-1000-0000-0000-0000

APPROVED
FEB 23 1996

APR 23 1996
TALLAHASSEE, FLORIDA

DOCUMENT # 246231

(5)

1. Corporation Name

SEMINOLE BLUEPRINT & SUPPLY INC

Principal Place of Business
**1212 NORTH MONROE ST
TALLAHASSEE FL 32303**

Mailing Address
**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**

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. 194(1)(c), 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

24. Country

28. Zip

30. Country

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 Sections 607.01(2) and 607.01(3)(A), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 provisions of Section 607.01(2)(c), Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be typed and signed by the agent)

Signature of Registered Agent (must be typed and signed by the agent)

811

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TYPE	PD
NAME	LAMBERT, ROBERT F.
STREET ADDRESS	1212 N. MONROE ST.
CITY, STATE, ZIP	TALLAHASSEE FL
TYPE	D
NAME	HERRINGTON, JAMES E.
STREET ADDRESS	1212 N. MONROE ST.
CITY, STATE, ZIP	TALLAHASSEE FL
TYPE	SD
NAME	LAMBERT, MAGGIE F.
STREET ADDRESS	1212 N. MONROE ST.
CITY, STATE, ZIP	TALLAHASSEE FL
TYPE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily supplied and does not qualify for the exemption stated in Section 194(1)(c), Florida Statutes. Further, I certify that the information indicated on this annual report is supplemented by filing my report by law and in compliance with 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 liquidator empowered to make this filing and that my name appears on block 12 or block 13 of this report or on an affidavit filed with an address.

SIGNATURE:

R. F. Lambert **R. F. Lambert**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-96

904/222-1711