FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **204519** **(3)**

1. Corporate Name

CAPPELLI STRAWORLD, INC.

APPROVED

MAY 15 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5450 NW 52ND AVE MIAMI FL 33166	5450 NW 52ND AVE MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1957**

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

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

24: 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

29: 30:

4. FEI Number: **59-0815734** ☐ 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 Chapter 199, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBEL,THEODORE
6955 N.W. 36TH AVENUE
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 5450 N.W. 52ND AVENUE

83:

84 City: MIAMI FL 85 Zip Code: 33166

11. Pursuant to the provisions of Section 607.1007, 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. The 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: X

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TYPE: PSD NAME: RUBEL,THEODORE STREET ADDRESS: 6955 NW 36 AVENUE CITY-ST-ZIP: MIAMI FL	TYPE: SD ☒ Change ☐ Addition NAME: RUBEL, THEODORE STREET ADDRESS: 5450 N.W. 52ND AVE CITY-ST-ZIP: MIAMI, FL. 33166
	TYPE: P ☐ Change ☒ Addition NAME: RUBEL, BONNIE C. STREET ADDRESS: 5450 N.W. 52ND AVE. CITY-ST-ZIP: MIAMI, FL. 33166
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true, complete 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 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 above, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

5/11/95

Date — Daytime Phone #

0430000 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **208424** **(2)**

1. **UNITED SOUTHERN ASSURANCE COMPANY**

Principal Place of Business	Mailing Address
100 RIALTO PL S #600 P O BOX 2648 (329022648) MELBOURNE FL 32901	100 RIALTO PL S #600 P O BOX 2648 (329022648) MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1957
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-0896256 ☐ 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 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER CAPITAL BUILDING TALLAHASSEE FL 32231	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	TITLE	P / D ☒ Change ☐ Addition
NAME	CRESCIO, JOSEPH PUAL	NAME	Crescio, Joseph Paul
STREET ADDRESS	295 HWY A1A #204	STREET ADDRESS	309 Triton Court
CITY ST ZIP	SATELLITE BCH FL	CITY ST ZIP	Indian Harbour Beach, FL 32937
TITLE	VS	TITLE	S ☒ Change ☐ Addition
NAME	GARRISON, JULIE ANN	NAME	Garrison, Julie Ann
STREET ADDRESS	408 CHAPMAN PLACE	STREET ADDRESS	408 Chapman Place
CITY ST ZIP	CLAYTON CA	CITY ST ZIP	Clayton, CA 94517
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	MCGARVEY, DANIEL J	NAME	
STREET ADDRESS	3473 FORT NELSON LANE	STREET ADDRESS	D E L E T E
CITY ST ZIP	MELBOURNE FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FULKERSON, DAVID L	NAME	
STREET ADDRESS	RR 2 BOX 252	STREET ADDRESS	D E L E T E
CITY ST ZIP	ASHLAND NE	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	RICCI, BRUCE A	NAME	
STREET ADDRESS	132 TIVOLI LANE	STREET ADDRESS	
CITY ST ZIP	DANVILLE CA	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SUNDERLAND, WILLIAM C	NAME	
STREET ADDRESS	5801 CAULFIELD	STREET ADDRESS	D E L E T E
CITY ST ZIP	CLAYTON CA	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, Florida Statutes. I further certify that the information indicated 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 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: Eva M. Mowry Eva M. Mowry 05/12/95 (407) 984-2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0410769 FP

208424

United Southern Assurance Company

100 Rialto Place Suite 600
Melbourne, Florida 32901

OFFICERS

President	Joseph Paul Crescio
Secretary	Julie Ann Garrison
Treasurer	Eva Marie Mowry

VICE PRESIDENTS

Vice-President	Ralph Spencer Butterfield
Vice-President	Carol Ann Clase
Vice-President	Eva Marie Mowry
Vice-President	Terry Lee Nuese
Vice-President	Mitchel Aaron Slater

DIRECTORS / TRUSTEES

Director	Joseph Paul Crescio
Director	William James Kennedy
Director	Eva Marie Mowry
Director	Bruce Andrew Ricci
Director	Thomas Michael Thie

P / D
Name: Crescio, Joseph Paul
Street: 309 Triton Court
City/ST/Zip: Indian Harbour Beach, FL 32937

S
Name: Garrison, Julie Ann
Street: 408 Chapman Place
City/ST/Zip: Clayton, CA 94517

V / T / D
Name: Mowry, Eva Marie
Street: 2240 Bent Pine Street
City/ST/Zip: Melbourne, FL 32952

V
Name: Butterfield, Ralph Spencer
Street: 723 Walnut Avenue
City/ST/Zip: Walnut Creek, CA 94598

V
Name: Clase, Carol Ann
Street: 2575 Valkaria Road
City/ST/Zip: Palm Bay, FL 32905

V
Name: Nuese, Terry Lee
Street: 4642 West Parkview Circle
City/ST/Zip: Glendale, AZ 85310

V
Name: Slater, Mitchel Aaron
Street: 8438 North 85th Street
City/ST/Zip: Scottsdale, AZ 85258

D
Name: Kennedy, William James
Street: 5791 Pepperridge Way
City/ST/Zip: Concord, CA 94520

D
Name: Ricci, Bruce Andrew
Street: 132 Tivoli Lane
City/ST/Zip: Danville, CA 94506

D
Name: Thie, Thomas Michael
Street: 1325 Summit Road
City/ST/Zip: Lafayette, CA 94549

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **216183** **(4)**

1. Corporation Name

BROWN MARINE SERVICE, INC.

Principal Place of Business

S J BROWN
40 AUDUSSON AVE. PO BOX 1415
PENSACOLA FL 32507-2426

Mailing Address

S J BROWN
40 AUDUSSON AVE. PO BOX 1415
PENSACOLA FL 32507-2426

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1958

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

2. Principal Place of Business

2a. Mailing Address

21 / 26 Suite, Apt. #, etc.

22 / 27 City & State

23 / 28 Zip / Country

24 25 29 30

4. FEI Number: 59-0857819 [ ] 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

BROWN, WARREN
40 AUDUSSON AVE
PENSACOLA FL 32507

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 607.0502 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

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BROWN, WARREN T.
STREET ADDRESS	1700 OSCEOLA BLVD
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	BROWN,FLORA G
STREET ADDRESS	600 GAMARRA RD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	SD
NAME	BRYAN,WILLIAM H
STREET ADDRESS	3705 MACKY COVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	CD
NAME	BROWN, S.J.
STREET ADDRESS	600 GAMARRA RD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD
NAME	BRYAN, SHIRLEY F.
STREET ADDRESS	3705 MACKY COVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank, six entries)

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] 5-5-95 904-453-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN T. BROWN

0389460 CP