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
95 JUN -1 AM 9: 53

DOCUMENT # 205331 (2)

1. Corporation Name
A B C BONDING AGENCY INC

Principal Place of Business
548 N.W. 1 AVE.
FT LAUDERDALE FL 33301

Mailing Address
548 N.W. 1 AVE.
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1957
3a. Date of Last Report: 04/28/1994

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

4. FEI Number: 59-0805657 ☐ 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

SUMMERLIN, COCETTA G
548 N.W. 1 AVE.
FT. LAUDERDALE FL 33301

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 ______ (Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	SUMMERLIN, RICHARD R.III	1 2 NAME	
STREET ADDRESS	548 NW 1 AVE	1 3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33301	1 4 CITY ST ZIP	
TITLE	ST	2 1 TITLE	☐ Change ☐ Addition
NAME	SUMMERLIN, CONCETTA G.	2 2 NAME	
STREET ADDRESS	548 NW 1 AVE	2 3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33301	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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 119.07(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: Concetta G Summerlin · CONCETTA G. SUMMERLIN 6-1-95 305-462-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E048 CF

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CORPORATION ANNUAL REPORT
1995

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **212605** **(0)**

1. Corporation Name
BURLEY BUILT, INC.

Principal Place of Business	Mailing Address
133 THOMASSON AVE P.O. BOX 2164 DAYTONA BCH FL 32115	133 THOMASSON AVE P.O. BOX 2164 DAYTONA BCH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1958**
3a. Date of Last Report: **06/06/1994**

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

4. FEI Number: **59-0904548** ☐ 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
KISTNER, SHIRLEY **3130 SOUTH PENINSULA DRIVE** **DAYTONA BEACH FL 32118**	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, if applicable, of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOATNER,KIMBERLY	12 NAME	
STREET ADDRESS	16 TOMOKA OAKS BLVD.	13 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	KISTNER SHIRLEY	22 NAME	
STREET ADDRESS	3130 S. PENINSULA DR	23 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	24 CITY ST ZIP	
TITLE	DVST	31 TITLE	☐ Change ☐ Addition
NAME	LANTERMAN, KANDACE K.	32 NAME	
STREET ADDRESS	500 EASTWOOD LANE	33 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Kandace Lanterman KANDACE LANTERMAN 5-3095 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V. PRES. Date Daytime Telephone Number
2528510

0011604 CP

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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 ... 50

DOCUMENT # 218104 (8)

1. Corporation Name
MIAMI HOLDING CORP.

Principal Place of Business
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

Mailing Address
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1958
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-0945131 ☐ 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
POSNER, MARTIN
6917 COLLINS AVENUE
MIAMI BEACH FL

10. Name and Address of New Registered Agent
81 Name: Brenda N. Castellano
82 Street Address (P.O. Box Number is Not Acceptable): 6917 Collins Avenue
83 Suite 1611
84 City: Miami Beach FL 85 Zip Code: 33141

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 Brenda Castellano 5/31/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1 1 TITLE	AT ☐ Change ☒ Addition
NAME	MOTTRAM, LISA	1 2 NAME	Strassberg, Blanche
STREET ADDRESS	6917 COLLINS AVE	1 3 STREET ADDRESS	6917 Collins Avenue
CITY ST ZIP	MIAMI BCH FL	1 4 CITY ST ZIP	Miami Beach, FL
TITLE	CCFO	2 1 TITLE	☐ Change ☐ Addition
NAME	~~O'REILLY, JOHN~~ Delete	2 2 NAME	
STREET ADDRESS	~~6917 COLLINS AVE~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~MIAMI BEACH FL~~	2 4 CITY ST ZIP	
TITLE	PD	3 1 TITLE	☐ Change ☐ Addition
NAME	POSNER, VICTOR	3 2 NAME	
STREET ADDRESS	6917 COLLINS AVE	3 3 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	3 4 CITY ST ZIP	
TITLE	VD	4 1 TITLE	☐ Change ☐ Addition
NAME	~~POSNER, GAIL~~ Delete	4 2 NAME	
STREET ADDRESS	~~6917 COLLINS AVE~~	4 3 STREET ADDRESS	
CITY ST ZIP	~~MIAMI BCH FL~~	4 4 CITY ST ZIP	
TITLE	EDST	5 1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, BRENDA	5 2 NAME	
STREET ADDRESS	6917 COLLINS AVE	5 3 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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 119.07(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: Brenda Castellano 5/31/95 (305) 866-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Brenda Castellano, Exec. Vice President

0180087 CP

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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 [illegible] 55

DOCUMENT # **218869** **(6)**

1. Corporation Name
M & S BROWN, INC.

Principal Place of Business	Mailing Address
P.O. BOX 676036 ROSWELL GA 30076	P.O. BOX 767036 ROSWELL GA 30076 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1959**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-0902219** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMER, ADAM
222 LAKEVIEW AVE, STE 1400
WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name: ADAM D. PALMER
82 Street Address (P.O. Box Number is Not Acceptable): 4800 N. FEDERAL HIGHWAY
83: SUITE 105E
84 City: BOCA RATON **FL** 85 Zip Code: 33431

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] REGISTERED AGENT — 5-22-95
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BROWN, JOANN	12 NAME	
STREET ADDRESS	6001 N.W. 23RD AVE.	13 STREET ADDRESS	8285 Sentinal Chase Dr.
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Roswell, GA 30076
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	BROWN, MICHAEL	22 NAME	
STREET ADDRESS	6001 N.W. 23RD AVE.	23 STREET ADDRESS	8285 Sentinal Chase Dr.
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Roswell, GA 30076
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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] MICHAEL BROWN 5/3/95 — 954 972 3934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0368484 FP

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CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **219758** **(0)**

1. Corporation Name
RAM INC

Principal Place of Business	Mailing Address
7860 SW 125 STREET 8201 S.W. 124TH STREET MIAMI FL 33156 US	7860 SW 125 STREET 8201 S.W. 124TH STREET MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1959	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21): 7860 SW 125th Street	2a. Mailing Address (26): 7860 SW 125th Street
Suite, Apt. #, etc (22):	Suite, Apt. #, etc (27):
City & State (23): Miami, Florida	City & State (28): Miami, Florida
Zip (24): 33156 Country (25): USA	Zip (29): 33156 Country (30): USA
4. FEI Number: 59-6069935 ☐ 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
ROSS, NATALIE 400 SOUTH POINTE DRIVE, #1904 MIAMI FL 33139	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 _____ (NOTE: Registered Agent's signature required where mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	ROSS, NATALIE	12 NAME	
STREET ADDRESS	400 S. POINTE DR., #1904	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HILDA, KEMP	22 NAME	
STREET ADDRESS	7860 SW 125 STREET	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, EMANUEL	32 NAME	
STREET ADDRESS	970 N W 162ND STREET	33 STREET ADDRESS	DELETE
CITY ST ZIP	MIAMI, FL 00000	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Hilda Kemp, President May 31, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100484 CP

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CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **232693** **(2)**

1. Corporation Name

FIDELITY FLORIDA REALTY CORP.

Principal Place of Business	Mailing Address
27340 OLD 41 ROAD **BONITA SPRINGS FL 33923**	**27340 OLD 41 ROAD** **BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1960**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-0944068** ☐ 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

HENGEL, DAVID A.
27340 OLD 41 ROAD
BONITA SPRINGS FL 33923

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 _____ (Signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	**PD** **HENGEL, DAVID A.** **27340 OLD 41 ROAD** **BONITA SPRINGS FL**	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 5-30-95 (941) 947-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID A. HENGEL

CP

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # 235061 (9)

1. Corporation Name
DOPLER GROVES, INC.

Principal Place of Business	Mailing Address
11 CATHERINE AVE BABSON PARK FL 33827	11 CATHERINE AVE BABSON PARK FL 33827

3. Date Incorporated or Qualified: 04/01/1960
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-6059754 ☐ 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
21 1062 SANDY Pt Rd	26 Po Box 687
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: BABSON PK Fla	28 City & State: BABSON Park Fla
24 Zip: 33827 25 County: Polk	29 Zip: 33827 30 County: Polk

9. Name and Address of Current Registered Agent

DOPLER, PATRICIA K.
11 CATHERINE AVE
BABSON PARK, FL
33827

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKINLEY, MALCOLM R	1.2 NAME	
STREET ADDRESS	211 S LAKE STAR	1.3 STREET ADDRESS	
CITY ST ZIP	LAKE WALES FL	1.4 CITY ST ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DOPLER, PATRICIA K	2.2 NAME	
STREET ADDRESS	11 CATHERINE AVE	2.3 STREET ADDRESS	
CITY ST ZIP	BABSON PARK FL	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	DOPLER, DAVID R.	3.2 NAME	
STREET ADDRESS	1026 SANDY PT. RD	3.3 STREET ADDRESS	
CITY ST ZIP	BABSON PARK FL	3.4 CITY ST ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	OSBON, CYNTHIA M	4.2 NAME	
STREET ADDRESS	1979 CAPPS RD	4.3 STREET ADDRESS	
CITY ST ZIP	LAKE WALES FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 119.07(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: DAVID R Dopler V. Pres [signature] 6-1-95 (941) 638-1263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310260 CP