

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
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 16 PM 9:10

DOCUMENT # 250786

(1)

1. Corporation Name

HUBERT BROOKS DODGE, INC.

Principal Place of Business

P.O. BOX 24048  
TAMPA FL 33623

Mailing Address

P.O. BOX 24048  
TAMPA FL 33623

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
08/31/1961

3a. Date of Last Report  
06/24/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-0936753

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

BROOKS, H E  
913 LAURELWOOD LANE  
WESLEY CHAPEL FL 33543-1425

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

PD  
BROOKS, H E  
913 LAURELWOOD LANE  
WESLEY CHAPEL FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

D  
BROOKS, JUDY  
913 LAURELWOOD LANE  
WESTLEY CHAPEL FL

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)(b), 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: Typed or printed name of signing officer or director

6/8/95

813-973-1588

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 255397

(2)

1. Corporation Name

LAY LAINE CORPORATION

Principal Place of Business

LAY LAINE DR.  
P.O. BOX 146  
ASTATULA FL 34705

Mailing Address

LAY LAINE DR.  
P.O. BOX 146  
ASTATULA FL 34705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1962

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21 25601 LAY LAINE DR

2a. Mailing Address

26 P O BOX 146

4. FEI Number

59-0999086

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

22 City & State

23 ASTATULA

24 34705

25 LAKO USA

27 City & State

28 ASTATULA

29 34705

30 FLA

30 USA

9. Name and Address of Current Registered Agent

MCCORMICK, JOHN M.  
501 E CHURCH ST  
ORLANDO FL 32801

SAME

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 then if applicable

(NOTIF: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WARD JR, CARROLL L  
STREET ADDRESS LAY LAINE DR.  
CITY ST ZIP ASTATULA FL

TITLE VD  
NAME WARD, FREDERIC L  
STREET ADDRESS LAY LAINE DR.  
CITY ST ZIP ASTATULA FL

TITLE TSD  
NAME WARD, ELAINE E  
STREET ADDRESS LAY LAINE DR.  
CITY ST ZIP ASTATULA FL

TITLE D  
NAME WARD, CARROLL L JR  
STREET ADDRESS LAY LAINE DR.  
CITY ST ZIP ASTATULA FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

Carroll L Ward  
CARROLL L WARD JR - Pres

6/7/95

904-742-1325