

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

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AND
FILED**

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Tallahassee, Florida
Tallahassee, Florida

DOCUMENT # **256624**

(8)

SMOKEHOUSE INC

Printed Within This Space

Principal Office Address
**SMOKEHOUSE, INC.
519 CENTRAL AVENUE
APOPKA FL 32703
US**

Principal Office Address
**SMOKEHOUSE, INC.
519 CENTRAL AVENUE
APOPKA FL 32703
US**

3. Date of Incorporation: **03/05/1962**
3a. Date of Last Report: **06/14/1994**
4. FEI Number: **59-0965191**
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaigns Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**
7. Does corporation have liability for work product under § 100.012, Florida Statutes? ☐ Yes ☒ No

2. Principal Office Address
21. State: **FL**
22. City: **APOPKA**
23. City & State: **APOPKA FL**
24. State: **FL**
25. City: **APOPKA**
26. State: **FL**
27. City: **APOPKA**
28. City & State: **APOPKA FL**
29. State: **FL**
30. City: **APOPKA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKWELDER, DAVID
160 E. FIRST ST.
APOPKA FL 32703**

81. Name:
82. Street Address (P.O. Box Number or Not Applicable):
83. City:
84. City:
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 883.001, 883.002, and 883.003, Florida Statutes, the above named corporation submits the 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 requirements of Section 883.003, Florida Statutes.

SIGNATURES

12. OFFICERS AND DIRECTORS
NAME: **PD BLACKWELDER, DAVID**
STREET ADDRESS: **160 EAST 1ST ST**
CITY: **APOPKA FL**
NAME: **VD BLACKWELDER, MARIE**
STREET ADDRESS: **160 EAST FIRST STREET**
CITY: **APOPKA FL**
NAME: **ST BLACKWELDER, MARIE**
STREET ADDRESS: **160 EAST 1ST ST**
CITY: **APOPKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. NAME: ☐ Change ☐ Addition
4. NAME: ☐ Change ☐ Addition
5. NAME: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. NAME: ☐ Change ☐ Addition
8. NAME: ☐ Change ☐ Addition
9. NAME: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for this responsibility pursuant to the provisions of the Florida Statutes. I further certify that the information included in 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 available for the purpose of the corporation or the receiver. I understand and agree to provide the report as required by Chapter 883, Florida Statutes, and that my name appears in the report.

SIGNATURE: **DAVID L. BLACKWELDER** PRES

5-18-95 407-886-1826

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 269962 (7)

1. Corporation Name
HUDGINS PRECISION MANUFACTURING, INC.

Principal Place of Business
6400 53RD STREET NORTH
PINELLAS PARK FL 34665

Mailing Address
6400 53RD STREET NORTH
PINELLAS PARK FL 34665

APPROVED
AND
FILED

MAY 22 14:10:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1963

3a. Date of Last Report
05/17/1994

4. FEI Number
59-1027957

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 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDGINS, ROBERT E.
6400 53RD ST. NORTH
PINELLAS PARK FL 33565

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 607.0402 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 607.0405, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Signature

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

PD
HUDGINS, ROBERT E.
6310 86TH AVE N.
PINELLAS PARK FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.2 NAME

1.3 STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY, ST. ZIP

1.4 CITY, ST. ZIP

☐ Change ☐ Addition

2.1 TITLE

2.1 TITLE

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY, ST. ZIP

2.4 CITY, ST. ZIP

☐ Change ☐ Addition

3.1 TITLE

3.1 TITLE

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY, ST. ZIP

3.4 CITY, ST. ZIP

☐ Change ☐ Addition

4.1 TITLE

4.1 TITLE

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY, ST. ZIP

4.4 CITY, ST. ZIP

☐ Change ☐ Addition

5.1 TITLE

5.1 TITLE

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY, ST. ZIP

5.4 CITY, ST. ZIP

☐ Change ☐ Addition

6.1 TITLE

6.1 TITLE

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY, ST. ZIP

6.4 CITY, ST. ZIP

☐ Change ☐ Addition

7.1 TITLE

7.1 TITLE

7.2 NAME

7.2 NAME

7.3 STREET ADDRESS

7.3 STREET ADDRESS

7.4 CITY, ST. ZIP

7.4 CITY, ST. ZIP

☐ Change ☐ Addition

8.1 TITLE

8.1 TITLE

8.2 NAME

8.2 NAME

8.3 STREET ADDRESS

8.3 STREET ADDRESS

8.4 CITY, ST. ZIP

8.4 CITY, ST. ZIP

☐ Change ☐ Addition

9.1 TITLE

9.1 TITLE

9.2 NAME

9.2 NAME

9.3 STREET ADDRESS

9.3 STREET ADDRESS

9.4 CITY, ST. ZIP

9.4 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 1907(c)(4), 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 it shall under oath. That I am an officer or director of the corporation, the receiver or trustee empowered to make this report as required by Chapter 1907, Florida Statutes, and that my name appears on Block 1, or Block 1a, of this report, or on an attachment with an address.

SIGNATURE:

Robert Hudgins

5-12-95

813-525-2720

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tara B. Mather
Secretary of State
1995-1996
1000 North West 2nd St.

DOCUMENT # 281432

(5)

MOORE'S DAIRY FARM, INC.

APPROVED
AND
FILED

JUN 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office Address
11313 UPPER MANATEE RIVER ROAD
BRADENTON FL 34202-802
US

Mail Stop Address
ROUTE 2 BOX 314
BRADENTON FL 34202
US

3. Date of Incorporation or Qualification 05/15/1964	3a. Date of Last Report 04/08/1994
4. File Number 59-1050112	Applied Fee Not Applicable
5. Certificate of Status Due Date ☐	\$8.75 Additional Fee Required
6. Election Campaign Finance and Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under the Florida Statutes. ☒ Yes ☐ No	

2. Principal Office City 21	2b. Mailing Address 26 11313 Upper Manatee River Rd
22. Principal Office State 27	27. Mailing Address State 28
23. Principal Office Zip 29	29. Mailing Address Zip 30

9. Name and Address of Current Registered Agent

MOORE, DUANE L.
RT. 2, BOX 314
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 609.01 and 609.02, 1995 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as requested agent on 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 hereby authorized to accept the responsibility for the corporation's filing of this statement.

SIGNATURE

Duane Moore

Signature of Registered Agent

5/15/95

12. CURRENT AND FORMER OFFICERS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PVT MOORE, DUANE L	NAME	
STREET ADDRESS	RT2, BOX 299-H	STREET ADDRESS	
CITY	BRADENTON FL	CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 609.01 and 609.02, 1995 Florida Statutes. I further certify that the information made available in 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. This filing is a public record of the corporation or the receiver or liquidator's report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of the filing. The change of an officer or director is not required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of the filing.

SIGNATURE:

Duane Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 (813) 746-0501

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen M. Harris
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # 283006

(5)

MAY 22 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name

PARADISE ISLAND AIRLINES, INC.

Principal Place of Business

915 N.E. 125TH STREET
N. MIAMI FL 33161

Mailing Address

915 N.E. 125TH STREET
N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Qualified)
07/07/1964

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

2. Principal Place of Business

21 1550 SW 43rd Street

2a. Mailing Address

26 1550 SW 43rd Street

4. FET Number
59-1411105

Applied For
Not Applicable

State App # etc

State App # etc

5. Certificate of Status Due
\$8.75 Additional
Fee Required

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be
Added to Fees

Zip

24 33315

Country

25 USA

Zip

29 33315

Country

30 USA

8. This corporation has, within the appropriate tax code by Florida Statutes, ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOWDEN, DAVID G.
915 N.E. 125TH STREET
N. MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
Robert D. Peloquin, Jr.
82 Street Address (P.O. Box Number or Full Acceptable)
1550 SW 43rd Street
83
84 City
Ft. Lauderdale FL 85 Zip Code
33315

11. Pursuant to the provisions of Sections 220.01 and 220.02, Florida Statutes, this officer hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief. This report was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. Date: 5/16/95

SIGNATURE

12. V Robert D. PELOQUIN, JR. Vice-President

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN:

NAME WEBB, DEBBIE
915 NE 125 ST
N MIAMI, FL 00000
NAME VAS
BOWDEN, DAVID G
915 NE 125TH ST
N MIAMI, FL 00000
NAME PD
KEARNEY, MATTHEW B.
915 NE 125TH ST
N MIAMI, FL 00000
NAME V
PRESBURG, JOHN W
915 NE 125TH ST
N MIAMI FL

C/D
Thomas F. Sullivan
1550 SW 43rd Street
Ft. Lauderdale, FL-33315
P/D
John W. Presburg
1550 SW 43rd Street
Ft. Lauderdale FL-33315
V
Joseph G. Dondero
1550 SW 43rd St, Ft. Lauderdale, 33315
V
Debbie Webb
1550 SW 43rd Street
Ft. Lauderdale, FL-33315
D
Kevin P. Hartney
1550 SW 43rd Street
Ft. Lauderdale, FL-33315
V/S/D
Robert D. Peloquin, Jr.
1550 SW 43rd St, Ft. Lauderdale, 33315

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 220.01(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall make this report effective as if my name appears on the report. I am an officer or director of the corporation or the treasurer or another person authorized by the corporation to execute this report as required by a higher law, Florida Statutes, and that my name appears on the report or the supplemental report as an officer or director.

SIGNATURE:

ROBERT D. PELOQUIN, JR.

5/16/95 (305) 359-8013