FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **256624** **(8)**

1. Corporate Name
SMOKEHOUSE INC

Principal Place of Business	Mailing Address
SMOKEHOUSE, INC. 519 CENTRAL AVENUE APOPKA FL 32703 US	SMOKEHOUSE, INC. 519 CENTRAL AVENUE APOPKA FL 32703 US

3. Date Incorporated or Qualified	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 Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
8. Florida Statutes	[ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLACKWELDER, DAVID
STREET ADDRESS	160 EAST 1ST ST
CITY-ST-ZIP	APOPKA FL
TITLE	VD
NAME	BLACKWELDER, MARIE
STREET ADDRESS	160 EAST FIRST STREET
CITY-ST-ZIP	APOPKA FL
TITLE	ST
NAME	BLACKWELDER, MARIE
STREET ADDRESS	160 EAST 1ST ST
CITY-ST-ZIP	APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] 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, 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 L BLACKWELDER PRES 5-18-95 407-886-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036370 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
[illegible] 22 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDGINS, ROBERT E.
STREET ADDRESS	6310 86TH AVE N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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: [signature] Robert Hudgins — 5-12-95 — 813 525 2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0364332 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 281432 (5)

1. Corporate Name

MOORE'S DAIRY FARM, INC.

Principal Place of Business	Mailing Address
11313 UPPER MANATEE RIVER ROAD BRADENTON FL 34202-802 US	ROUTE 2 BOX 314 BRADENTON FL 34202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1964
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1050112 — Applied For / Not Applicable

2a. Mailing Address: 11313 Upper Manatee River Rd

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. 199.057, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, DUANE L. RT. 2, BOX 314 BRADENTON FL 34202	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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 607.0505, Florida Statutes.

SIGNATURE: Duane Moore 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVT	[ ] Change [ ] Addition
NAME	MOORE, DUANE L	
STREET ADDRESS	RT2, BOX 299-H	
CITY-ST-ZIP	BRADENTON FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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 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: Duane Moore 5/15/95 (813) 746-0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0340032 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY ... AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 283006 (5)

1. Corporation 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 Incorporated or Qualified: 07/07/1964
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1550 SW 43rd Street
Suite, Apt. #, etc.
22
City & State
23 Ft. Lauderdale, FL
Zip
24 33315
Country
25 USA

2a. Mailing Address
26 1550 SW 43rd Street
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale, FL
Zip
29 33315
Country
30 USA

4. FEI Number: 59-1411105 [ ] 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. 199.0... Florida Statutes. [X] 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 is Not Acceptable): 1550 SW 43rd Street
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33315

11. Pursuant to the provisions of Sections 607.... 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 ... Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Vice-President 5/16/95

12. Robert D. Peloquin Jr.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change / Addition
TITLE	C/D	[X] Change [ ] Addition
NAME	Thomas F. Sullivan	
STREET ADDRESS	1550 SW 43rd Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	P/D	[X] Change [ ] Addition
NAME	John W. Presburg	
STREET ADDRESS	1550 SW 43rd Street	
CITY-ST-ZIP	Ft. Lauderdale FL 33315	
TITLE	V	[X] Change [ ] Addition
NAME	Joseph G. Dondero	
STREET ADDRESS	1550 SW 43rd St, Ft. Lauderdale, 33315	
CITY-ST-ZIP		
TITLE	V	[X] Change [ ] Addition
NAME	Debbie Webb	
STREET ADDRESS	1550 SW 43rd Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	D	[X] Change [ ] Addition
NAME	Kevin P. Hartney	
STREET ADDRESS	1550 SW 43rd Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	V/S/D	[X] Change [ ] Addition
NAME	Robert D. Peloquin, Jr.	
STREET ADDRESS	1550 SW 43rd St, Ft. Lauderdale, 33315	
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(1)(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] Robert D. Peloquin, Jr. 5/16/95 (305) 359-8013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0173300 CP