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

95 JUN -1 AM 10: 51

DOCUMENT # 291700 (3)

1. Corporation Name
NORTH MIAMI INVESTMENTS, INC.

Principal Place of Business
662 NW 119TH STREET
MIAMI FL 33168

Mailing Address
662 NW 119TH STREET
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1965
3a. Date of Last Report: 02/18/1994

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: 59-1114213 ☐ 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

LEBEL, TRACEY A.
12800 GRIFFING BLVD
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: Brian R. Le Bel
82 Street Address (P.O. Box Number is Not Acceptable): 12800 Griffing Blvd.
83
84 City: N. Miami, FL 85 Zip Code: 33161

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: Brian R. LeBel Brian R. LeBel (S) 5/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	(S) Brian LeBel ☒ Change ☒ Addition
NAME	LEBEL, TRACEY A	1.2 NAME	12800 Griffing Blvd.
STREET ADDRESS	12800 GRIFFING BLVD.	1.3 STREET ADDRESS	N. Miami, FL. 33161
CITY ST ZIP	N MIAMI FL	1.4 CITY ST ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	LEBEL, JACQUELINE M	2.2 NAME	
STREET ADDRESS	12800 GRIFFING BLVD	2.3 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	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: Tracey A. LeBel May 9, 1995 (305-893-9308)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Tracey A. LeBel

0189861 CP

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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 11:52

DOCUMENT # **293544** **(3)**

1. Corporation Name
INDIAN BAY MARINA CORPORATION

Principal Place of Business	Mailing Address
501 S.AVALON BLVD. MILTON FL 32583-9515	501 S.AVALON BLVD. MILTON FL 32583-9515

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1965**	3a. Date of Last Report: **06/23/1994**
4. FEI Number: **59-1119268**	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETRESKY,JOHN F 501 S.AVALON BLVD. MILTON FL 32583	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
(Signature, typed or printed name of registered agent and the title if applicable) (NOTE: Registered Agent signature required when new agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PETRESKY,JOHN F	12 NAME	
STREET ADDRESS	501 S.AVALON BLVD.	13 STREET ADDRESS	
CITY ST ZIP	MILTON FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	PETRESKY,JUDITH	22 NAME	
STREET ADDRESS	501 S.AVALON BLVD.	23 STREET ADDRESS	
CITY ST ZIP	MILTON FL	24 CITY ST ZIP	
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: John F. Petresky 5-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047133 PP

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CORPORATION
ANNUAL REPORT
1995

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

FILED

DOCUMENT # **298770** **(9)**

1. Corporation Name

COUNTS HOME & AUTO SUPPLY, INC.

Principal Place of Business	Mailing Address
4994 - 24TH STREET NORTH **ST. PETERSBURG FL 33714**	**4994 - 24TH STREET NORTH** **ST. PETERSBURG FL 33714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: **11/16/1965**	3a. Date of Last Report: **05/01/1994**
21	26	4. FEI Number: **59-1111373**	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes X Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COUNTS, ROBERT A. **4994 24TH ST N** **ST PETERSBURG FL 33714**	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 [illegible] DATE [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PTD**	11 TITLE	☐ Change ☐ Addition
NAME	**COUNTS,ROBERT A**	12 NAME	
STREET ADDRESS	**5501 - URBANE STREET NO**	13 STREET ADDRESS	
CITY ST ZIP	**ST PETERSBURG FL**	14 CITY ST ZIP	
TITLE	**SD**	21 TITLE	☐ Change ☐ Addition
NAME	**COUNTS, JUDY F.**	22 NAME	
STREET ADDRESS	**5501 URBANE ST. NO.**	23 STREET ADDRESS	
CITY ST ZIP	**ST PETERSBURG FL**	24 CITY ST ZIP	
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 the 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: Robert A Counts 5-31-95 813-525-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0811107 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

DOCUMENT # **299102** **(4)**

1. Corporation Name
DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4314 ST. AUGUSTINE RD **JACKSONVILLE FL 32207**	**4314 ST. AUGUSTINE RD** **JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1965**
3a. Date of Last Report: **04/04/1994**

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: **59-1564919** ☐ 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

CAVEN JR., JOHN W
3306 INDEPENDENT SQ.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	DEANGELIS, ARCHIE A.	12 NAME	
STREET ADDRESS	4314 ST AUGUSTINE RD.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	XX Change ☐ Addition
NAME	DEANGELIS, ELIZABETH P.	22 NAME	
STREET ADDRESS	4314 ST AUGUSTINE RD.	23 STREET ADDRESS	(DELETE)
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	CHESNUTT, BILLY J.	32 NAME	
STREET ADDRESS	4314 ST. AUGUSTINE RD.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	DEANGELIS, MICHAEL A.	42 NAME	
STREET ADDRESS	4314 ST. AUGUSTINE RD.	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	(Delete)
TITLE	VP	51 TITLE	☐ Change XX Addition
NAME	Bohannon,Jr. Larry R.	52 NAME	
STREET ADDRESS	4314 St. Augustine Rd.	53 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL	54 CITY ST ZIP	
TITLE	ST	61 TITLE	☐ Change XX Addition
NAME	Corrigan, Edna D.	62 NAME	
STREET ADDRESS	4314 St. Augustine Rd.	63 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL	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: Billy J Chesnutt 6/1/95 904-396-2269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Billy J. CHESNUTT

0016823 CP