95 MAY -1 AM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # 291829 (0)

REGULATORY COMPLIANCE

APR 20 1995

1. Corporation Name

AMERICAN CLAIM SERVICE, INC.

Principal Place of Business	Mailing Address
136 N. THIRD ST. HAMILTON OH 45025 US	136 N. THIRD ST. HAMILTON OH 45025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1115831 — 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 [X] 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 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPULLER, T F 500 WINDERLEY PL STE 200 MAITLAND FL 32751	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 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: T. F. Spuller 4/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	MARCUM, JOSEPH L.	12 NAME	
STREET ADDRESS	136 NO THIRD ST	13 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON OH	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	[ ] Change [ ] Addition
NAME	PATCH, LAUREN N.	22 NAME	
STREET ADDRESS	136 NO THIRD ST	23 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON OH	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	[ ] Change [ ] Addition
NAME	PORTER,BARRY S	32 NAME	
STREET ADDRESS	136 NO THIRD ST	33 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON OH	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: Barry S. Porter 4/17/95 (513) 867-3903

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

0466587 FP

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CORPORATION ANNUAL REPORT **1995**

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **297039** **(O)**

1. Corporation Name

HAINES CITY FLA COMMERCIAL PROPERTIES DEVELOPMEN CORPORATION

Principal Place of Business: P.O. BOX 1693, BATON ROUGE LA 70821

Mailing Address: P.O. BOX 1693, BATON ROUGE LA 70821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1965
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

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

4. FEI Number: 72-0644180 ☐ 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

WOTIZKY,FRANK
201 W MARION AVE
PUNTA GORDA FL 33950

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

Field	Officer/Director
TITLE	P
NAME	MARVIN, WILBUR
STREET ADDRESS	1906 BEAUMONT
CITY-ST-ZIP	BATON ROUGE LA
TITLE	V
NAME	FARRELL, B. EUGENE
STREET ADDRESS	1906 BEAUMONT
CITY-ST-ZIP	BATON ROUGE LA
TITLE	S
NAME	LOVE, LOJEAN
STREET ADDRESS	1906 BEAUMONT
CITY-ST-ZIP	BATON ROUGE LA
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 (☐ Change ☐ Addition — blank)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. EUGENE FARRELL, JR.

Date: 4/24/95 Daytime Phone: 504-924-7206

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

DOCUMENT # 300014 (8)

1. Entity Name

HOLLAND BUILDERS, INC.

Principal Place of Business

4860 N E 12 AVE
FORT LAUDERDALE FL 33334

Mailing Address

4860 N E 12 AVE
FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/21/1965

3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-1116405 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
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

24 25 29 30

8. This Corporation has elected to be treated as an S Corporation under Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLLAND, GERALD M.
4860 NE 12TH AVE
FORT LAUDERDALE FL 33308

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 Section(s) 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(s) 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
Title	VS	Title	☐ Change ☐ Addition
Name	HAHNER, RICHARD	Name	
Address	4860 NE 12TH AVE	Address	
City-St-Zip	FT LAUDERDALE FL	City-St-Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	HOLLAND, GERALD	Name	
Address	4860 NE 12TH AVE	Address	
City-St-Zip	FT LAUDERDALE FL	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	HOLLAND, MURIEL	Name	
Address	4860 NE 12TH AVE	Address	
City-St-Zip	FT LAUDERDALE FL	City-St-Zip	
Title	V Boyd	Title	☐ Change ☐ Addition
Name	RICHMAN, POLLY	Name	BOYD, POLLY
Address	4860 NE 12TH AVE	Address	
City-St-Zip	FT LAUDERDALE FL	City-St-Zip	
Title	T	Title	☐ Change ☐ Addition
Name	SCHMATZ, JOHN	Name	
Address	4860 NE 12 AVENUE	Address	
City-St-Zip	FT LAUDERDALE FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	

14. I declare, certify that the information supplied with this report 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 report or supplemental 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 with an address.

SIGNATURE: Gerald M Holland Jr. 1/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD M HOLLAND

Date

0237478 CP