# 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
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:05

DOCUMENT # **314588** **(5)**

1. Corporation Name
**RICHARDSON & COMPANY INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 911 REYNOLDS RD.<br>P.O. BOX 966<br>EATON PARK FL 33840 | 911 REYNOLDS RD.<br>P.O. BOX 966<br>EATON PARK FL 33840 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/10/1967**
3a. Date of Last Report: **04/18/1994**

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

4. FEI Number: **59-1163427** ☐ 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

**RICHARDSON, RUDOLPH**
**1885 N. CRYSTAL LAKE DRIVE**
**LAKELAND FL 33801**

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
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARDSON,R E | 12 NAME | |
| STREET ADDRESS | 1885 N. CRYSTAL LAKE DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 14 CITY-ST-ZIP | |
| TITLE | VS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARDSON, KEN | 22 NAME | |
| STREET ADDRESS | 4641 SAN PAULO CT | 23 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND 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:** R.E. Richardson R.E. Richardson 3/27/95 (813) 665-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

**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
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:29

DOCUMENT # **332834** **(1)**

1. Corporation Name
**SERRANO PAINT & BODY SHOP CO., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8110-103 STREET<br>JACKSONVILLE FL 32210-6636 | 8110-103 STREET<br>JACKSONVILLE FL 32210-6636 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/22/1968**
3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-1219865** ☐ 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 — 24: Country — 25:
Zip — 29: Country — 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

**PUR EZA I SERRANO V.**
**6228 CARAVELLE DR**
**JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name: VINCENT SERRANO
82 Street Address (P.O. Box Number is Not Acceptable): 6597 DOVE CREEK DRIVE
83:
84 City: JACKSONVILLE, FL 85 Zip Code: 32244

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: Vincent Serrano, Vice President — DATE: 3/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DS | 11 TITLE | VP | ☐ Change ☒ Addition |
| NAME | SERRANO, DORA I | 12 NAME | VDS<br>VINCENT SERRANO | |
| STREET ADDRESS | 6228 CARAVELL DR | 13 STREET ADDRESS | 6597 DOVECREEK DR. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 14 CITY-ST-ZIP | JACKSONVILLE, FL. 32244 | |
| TITLE | PDS | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | SERRANO, JOSE V | 22 NAME | | |
| STREET ADDRESS | 6228 CARAVELL DR | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 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:** Vincent Serrano — 3/24/95 — 904-771-7255
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

**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
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:27

DOCUMENT # **338740** **(4)**

1. Corporation Name
**TALLAHASSEE COMMUNICATIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 20005<br>BLOUNTSTOWN HWY. AT PENSACOLA ST.<br>TALLAHASSEE FL 32316 | P O BOX 20005<br>BLOUNTSTOWN HWY. AT PENSACOLA ST.<br>TALLAHASSEE FL 32316 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/10/1968**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business
21: 234 Blounstown Hwy
22: Suite, Apt. #, etc.
23: City & State: Tallahassee, FL
24: Zip: 32304
25: Country: Leon

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

4. FEI Number: **59-1225450** ☐ 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

LIVINGSTON, CHARLES C ~~S~~ as resolution
RT 5 BOX 260 N/A
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name: Livingston, Charles C., Sr.
82 Street Address (P.O. Box Number is Not Acceptable): Rt 5 Box 260
83:
84 City: Quincy FL 85 Zip Code: 32351

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | D | ☑ Change ☐ Addition |
| NAME | LIVINGSTON, CHARLES C | 12 NAME | Livingston, Charles C., Sr. | |
| STREET ADDRESS | 5052 TALLOW PT ROAD | 13 STREET ADDRESS | Rt 5 Box 260 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 0 | 14 CITY-ST-ZIP | Quincy, FL 32351 | |
| TITLE | D | 21 TITLE | D | ☑ Change ☐ Addition |
| NAME | LIVINGSTON, JUDITH A | 22 NAME | Livingston, Judith A. | |
| STREET ADDRESS | 5052 TALLOW PT ROAD | 23 STREET ADDRESS | Rt 5 Box 260 | |
| CITY ST ZIP | TALLAHASSEE, FL 0 | 24 CITY-ST-ZIP | Quincy, FL 32351 | |
| TITLE | ST | 31 TITLE | Secretary-Treasurer | ☒ Change ☐ Addition |
| NAME | WHITE, LOIS L | 32 NAME | Livingston, Judith A. | |
| STREET ADDRESS | ARIZONA STREET | 33 STREET ADDRESS | Rt 5 Box 260 | |
| CITY-ST-ZIP | LANARK VILLAGE FL | 34 CITY ST ZIP | Quincy, FL 32351 | |
| TITLE | P | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | LIVINGSTON, CHARLES C SR | 42 NAME | | |
| STREET ADDRESS | RT 5 BOX 260 N/A | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | QUINCY FL | 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 | | |

Mona Davis

14. I do hereby certify that the information indicated on 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 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: Judith A. Livingston (Judith A. Livingston 3-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

904-926-5560
Daytime Phone #

**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
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:05

DOCUMENT # **341153** **(5)**

1. Corporation Name
**C & W LEASING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 317 ENTERPRISE ST<br>OCOEE FL 34761 | 317 ENTERPRISE ST<br>OCOEE FL 34761 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/06/1969**
3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-1232030** ☐ 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 — 24: Country — 25:
Zip — 29: Country — 30:
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**CREEDEN, GLORIA H**
**317 ENTERPRISE ST**
**OCOEE FL 34761**

**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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CREEDEN, KRIS M. | 12 NAME | |
| STREET ADDRESS | 1120 HAWTHORNE COVE DR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | OCOEE FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CREEDEN, KEVIN A | 22 NAME | |
| STREET ADDRESS | 1750 CROWN POINT WOODS CIR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | OCOEE FL | 24 CITY-ST-ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CREEDEN, CHARLES W | 32 NAME | |
| STREET ADDRESS | 4016 GOLFSIDE DR | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 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)(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:** Gloria W Creeden 3-28-95 407 877 2600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
Charles W. Creeden