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

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

DOCUMENT # **344395** **(9)**

1. Corporation Name
AMICK & SON INC

Principal Place of Business	Mailing Address
1200 4TH ST N ST PETERSBURG FL 33701	1200 4TH ST N ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **04/11/1969**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-1259591** ☐ 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. 199.072 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMICK, PHILIP B. J
6145 4TH AVE., N.
ST. PETERSBURG FL 33710

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	STD
NAME	AMICK, PHILIP B. J
STREET ADDRESS	6145 4TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	D
NAME	AMICK, PHILIP B. S
STREET ADDRESS	140 12TH AVE N E
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	~~FD~~
NAME	AMICK, ANTOINETTE W.
STREET ADDRESS	140 12TH AVE., N.E.
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	~~VD~~
NAME	~~AMICK, THOMAS C~~
STREET ADDRESS	~~12301 SUN VISTA CT.~~
CITY-ST-ZIP	~~TREASURE ISLAND FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO.

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☒ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: Antoinette Welch Amick 5/18/95 (813)822-3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010298 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 347831 (0)

1. Corporate Name
SURREY'S OF FLORIDA, INC.

Principal Place of Business: 5125 N.W. 77TH AVENUE, MIAMI FL 33166

Mailing Address: 5125 N.W. 77TH AVENUE, MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1969

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

4. FEI Number: 59-1290162 [ ] 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 Office Address: 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 ____

9. Name and Address of Current Registered Agent

SHIEKMAN, PAUL
5125 N.W. 77TH AVENUE
MIAMI FL 33166

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PDT	TITLE	[X] Change [ ] Addition
NAME	SHIEKMAN, PAUL	NAME	
STREET ADDRESS	25 SAMANA DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	MIAMI, FL 33133
TITLE	DV	TITLE	[ ] Change [ ] Addition
NAME	SHIEKMAN, STEVEN	NAME	
STREET ADDRESS	6370 ALLISON ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	DV	TITLE	[X] Change [ ] Addition
NAME	BLOCK, MICHAEL	NAME	
STREET ADDRESS	9041 SW 85TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	MIAMI, FL 33173
TITLE	DV	TITLE	[ ] Change [ ] Addition
NAME	KIICK, FRANK	NAME	
STREET ADDRESS	10170 COLLINS AVE #8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	DT	TITLE	[X] Change [ ] Addition
NAME	SHIEKMAN, JOHN	NAME	
STREET ADDRESS	1560 N.W. 99TH AVE.	STREET ADDRESS	960 SW 93rd AVE
CITY-ST-ZIP	PLANTATION FL	CITY-ST-ZIP	PLANTATION, FL 33324
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: GW Clemons - CONTROLLER 5/16/95 305-592-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — GARY W. CLEMONS — Date — Daytime Phone #

0183040 CP