

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 370599

(3)

95 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIDELITY SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE

1. Principal Office of Business		2a. Mailing Address	
1750 E. SUNRISE BLVD. FT LAUDERDALE FL 33304		1750 E. SUNRISE BLVD. FT LAUDERDALE FL 33304	
2. Principal Office of Business	2b. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/01/1970	04/29/1994
State Apt # etc	State Apt # etc	4. FEI Number	Applied For
22	27	59-1320420	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARVALHO, JEAN 1750 E. SUNRISE BLVD FORT LAUDERDALE FL 33304		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(1) 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 hereby authorized to accept this appointment in accordance with the Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PDC GRIECO, FRANK V 1750 E. SUNRISE BLVD FORT LAUDERDALE FL	1. NAME	[] Change [] Addition
STREET ADDRESS		1.1 STREET ADDRESS	
CITY & STATE		1.1 CITY & STATE	
NAME	S CARVALHO, JEAN 1750 E. SUNRISE BLVD. FORT LAUDERDALE FL	2. NAME	[] Change [] Addition
STREET ADDRESS		2.1 STREET ADDRESS	
CITY & STATE		2.1 CITY & STATE	
NAME	T EANES, JASPER R. 1750 E. SUNRISE BLVD FORT LAUDERDALE FL	3. NAME	[] Change [] Addition
STREET ADDRESS		3.1 STREET ADDRESS	
CITY & STATE		3.1 CITY & STATE	
NAME	VP CHERVONY, ANNE 1750 E. SUNRISE BLVD FT. LAUDERDALE FL	4. NAME	[] Change [] Addition
STREET ADDRESS		4.1 STREET ADDRESS	
CITY & STATE		4.1 CITY & STATE	
NAME	D WINNINGHAM, CHARLIE II 1750 E. SUNRISE BLVD FT. LAUDERDALE FL	5. NAME	[] Change [] Addition
STREET ADDRESS		5.1 STREET ADDRESS	
CITY & STATE		5.1 CITY & STATE	
NAME		6. NAME	[] Change [] Addition
STREET ADDRESS		6.1 STREET ADDRESS	
CITY & STATE		6.1 CITY & STATE	

14. I 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)(b) Florida Statutes. Further, I certify that the information included 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 make 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:

Jean Carvalho

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/10/95

Signature of Secretary

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # 375050

(2)

BLANTON HEAT & AIR CONDITIONING, INC.

APPROVED
AND
FILED
MAY 12 1995
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 5000 SW 64TH AVENUE DAVIE FL 33314 US		2a. Mailing Address 5000 SW 64TH AVENUE DAVIE FL 33314 US		3. Date Inc. Corporation or Qualified 01/05/1971		3a. Date of Last Report 02/03/1994	
2. Principal Office Address 21		2a. Mailing Address 251		4. FEI Number 59-1316068		Applied for Not Applicable	
22. State, Apt. # etc. 22		27. State, Apt. # etc. 27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State 23		28. City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. ☐		25. ☐		29. ☐		30. ☐	
9. Name and Address of Current Registered Agent FAULKNER, SAM F. 2515 HARDING ST. HOLLYWOOD FL 33020				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 607.01(1)(b) and 607.15(6), 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 Sections 607.01(1)(b) Florida Statutes.							
SIGNATURE 12. Signature of Principal Officer or Director, Secretary or Treasurer (Typed Name) 13. Signature of Registered Agent (Typed Name)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME PD FAULKNER, SAM. 5701 SW 40TH AVE. FORT LAUDERDALE FL				1. NAME ☐ Change ☐ Addition			
2. NAME STO FAULKNER, CAROL 5701 SW 40 AVE. FORT LAUDERDALE FL				2. NAME ☐ Change ☐ Addition			
3. NAME				3. NAME ☐ Change ☐ Addition			
4. NAME				4. NAME ☐ Change ☐ Addition			
5. NAME				5. NAME ☐ Change ☐ Addition			
6. NAME				6. NAME ☐ Change ☐ Addition			
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9. NAME				9. NAME ☐ Change ☐ Addition			
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29. NAME				29. NAME ☐ Change ☐ Addition			
30. NAME				30. NAME ☐ Change ☐ Addition			
31. NAME				31. NAME ☐ Change ☐ Addition			
32. NAME				32. NAME ☐ Change ☐ Addition			
33. NAME				33. NAME ☐ Change ☐ Addition			
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80. NAME				80. NAME ☐ Change ☐ Addition			
81. NAME				81. NAME ☐ Change ☐ Addition			
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89. NAME				89. NAME ☐ Change ☐ Addition			
90. NAME				90. NAME ☐ Change ☐ Addition			
91. NAME				91. NAME ☐ Change ☐ Addition			
92. NAME				92. NAME ☐ Change ☐ Addition			
93. NAME				93. NAME ☐ Change ☐ Addition			
94. NAME				94. NAME ☐ Change ☐ Addition			
95. NAME				95. NAME ☐ Change ☐ Addition			
96. NAME				96. NAME ☐ Change ☐ Addition			
97. NAME				97. NAME ☐ Change ☐ Addition			
98. NAME				98. NAME ☐ Change ☐ Addition			
99. NAME				99. NAME ☐ Change ☐ Addition			
100. NAME				100. NAME ☐ Change ☐ Addition			

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the purposes stated in Sections 139.01(1)(b) 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 make this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with its address.

SIGNATURE: Carol Faulkner CAROL FAULKNER 5/11/95 305)321-8836

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA 33604
www.dos.state.fl.us

DOCUMENT # **376945** (2)

1. Corporation Name

SKYVIEW GOLF & COUNTRY CLUB, INC.

2. Principal Place of Business

**2626 DUFF RD
LAKELAND FL 33809
US**

2a. Mailing Address

**2626 DUFF RD
LAKELAND FL 33809
US**

APPROVED
FILED

RECEIVED
MAY 10 1995
TAMPA, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation in Corporation		3a. Date of Last Report	
21		26		02/11/1971		04/27/1994	
22		27		4. FFI Number		Applied For	
23		28		59-1317719		Not Applicable	
24		25		5. Certificate of Status Desired		8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON, ELAINE
561 WORCHESTER CT
LAKELAND FL 33809**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. I, the undersigned, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the 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. This change will become effective on the date of filing of this report as required by Chapter 607, Florida Statutes.

Signature

Name of Registered Agent (Applicable only if agent is not officer or director)

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PS SOCIA, CLARENCE J. 105 HEATHER POINT LAKELAND FL	1. NAME	Change Add
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	Change Add
NAME		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY		6. CITY	Change Add
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	Change Add
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	Change Add
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	Change Add
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	Change Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Sections 115 (2) (b) 607, Florida Statutes. I further certify that the information submitted 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARENCE J. SOCIA

5/20/95

813-853-9393

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 377949

(3)

D.R. MEAD & COMPANY

APPROVED
AND
FILED

MAY 15 1996

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 1900 BISCAYNE BLVD MIAMI FL 33132		2a. Mailing Address 1900 BISCAYNE BLVD MIAMI FL 33132	
2. Filing Date of Documents 21		2a. Mailing Address 26	
3. Date of Report or Qualification 02/26/1971		3a. Date of Last Report 05/01/1994	
4. FET Number 59-1387066		Applied For Not Applicable	
5. Certificate of Status Desired 22		58.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution 23		55.00 May Be Added to Fees	
7. This corporation has liability for changeable fee under 2-1995-000 Florida Statutes 24		Yes ☐ No ☐	

9. Name and Address of Current Registered Agent

MEAD JR, RICHARD D.
1900 BISCAYNE BLVD.
MIAMI FL 33132

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 607.05(2) 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 607.05(4), Florida Statutes.

SIGNATURE

Signature of Agent, registered agent, or registered agent in charge of agent.

Signature of Registered Agent, registered agent in charge of agent, or registered agent.

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME PD MEAD, D. R. 1900 BISCAYNE BLVD MIAMI FL	1. NAME D R MEAD JR 33132	☐ Change ☐ Addition	
2. NAME DS HAMILL, CATHERINE MEAD 1900 BISCAYNE RD MIAMI FL	2. NAME 33132	☐ Change ☐ Addition	
3. NAME	3. NAME	☐ Change ☐ Addition	
4. NAME	4. NAME	☐ Change ☐ Addition	
5. NAME	5. NAME	☐ Change ☐ Addition	
6. NAME	6. NAME	☐ Change ☐ Addition	
7. NAME	7. NAME	☐ Change ☐ Addition	
8. NAME	8. NAME	☐ Change ☐ Addition	
9. NAME	9. NAME	☐ Change ☐ Addition	
10. NAME	10. NAME	☐ Change ☐ Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct. I further certify that the information made effect on this annual report or supplemental annual report is true and correct 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 registered agent or registered agent in charge of the corporation, and that my name appears on Block 12 or Block 13 of this report, or on an attached statement, as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95

576-0104

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

DOCUMENT # 384693

(8)

VENTO OIL COMPANY

MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation or Organization		3a. Date of Last Report	
2004 DURHAM ST BOX 5238 TAMPA FL 33602-3601		2004 DURHAM ST BOX 5238 TAMPA FL 33602-3601		06/29/1971		05/01/1994	
21. Principal Place of Business		2a. Mailing Address		4. FIC Number		Applied For	
21		26		59-1358747		Not Applicable	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		☐		☐	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		☐		☐	
24. Name		25. Name		29. Name		30. Name	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANTHONY VENTO 2004 DURHAM TAMPA FL 33605				b1. Name			
				b2. Street Address, P.O. Box Number is Not Acceptable			
				b3.			
				b4. City			
				FL b5. Zip Code			
11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), Florida Statutes, this 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 607.01(2), Florida Statutes.							

Signature

Print Name

Print Name

Print Name

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	TS GARCIA, AL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	804 S. BRYAN RD.	2. STREET ADDRESS	
3. CITY, STATE, ZIP	BRANDON FL	3. CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME	PD VENTO, ANTHONY	4. NAME	
5. STREET ADDRESS	7815 N 53RD ST	5. STREET ADDRESS	
6. CITY, STATE, ZIP	TAMPA, FL 0	6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME	VD CAPITANO, JOSEPH	7. NAME	
8. STREET ADDRESS	2117 ERNA DR.	8. STREET ADDRESS	
9. CITY, STATE, ZIP	TAMPA FL	9. CITY, STATE, ZIP	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE, ZIP		15. CITY, STATE, ZIP	☐ Change ☐ Addition
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, STATE, ZIP		18. CITY, STATE, ZIP	☐ Change ☐ Addition
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY, STATE, ZIP		21. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 135.07(2)(b), 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 that I am an authorized representative of the corporation to execute this report as required by Chapter 135, Florida Statutes, and that my name appears in Block 12 or 13 of this report or as an attachment with an address.

SIGNATURE:

Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

07/23/1995 11:10:15

DOCUMENT # **385869** (3)

BEST LINE OIL CO., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2004 DURHAM STREET
PO BOX 5238
TAMPA FL 33605

Mailing Address: 2004 DURHAM STREET
PO BOX 5238
TAMPA FL 33605

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 07/23/1971	3a. Date of Last Report 05/01/1994
21. State Apt. # etc.	26. State Apt. # etc.			4. FEI Number 59-1361493	Applied For ☐ Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. City & State	28. City & State			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. City & State	29. City & State			b. This corporation has liability for intangible tax under S. 199.03, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CAPITANO, JOSEPH
2004 DURHAM STREET
TAMPA FL 33605

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0601 and 607.1601, 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 hereby withdrawing and accept the resignation of Secretary (607.1601, Florida Statutes).

SIGNATURE

(Signature of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	CAPITANO, JOSEPH	1.2 NAME	
3. STREET ADDRESS	2004 DURHAM ST.	1.3 STREET ADDRESS	
4. CITY & STATE	TAMPA FL	1.4 CITY & STATE	
5. TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
6. NAME	GARCIA, ALFONSO	2.2 NAME	
7. STREET ADDRESS	2004 DURHAM ST.	2.3 STREET ADDRESS	
8. CITY & STATE	TAMPA FL	2.4 CITY & STATE	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY & STATE		3.4 CITY & STATE	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY & STATE		4.4 CITY & STATE	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY & STATE		5.4 CITY & STATE	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY & STATE		6.4 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the written document of this report or on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE DEPARTMENT OF STATE
Sandra H. Newman
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # 388779

(1)

1. Corporation Name

PRECISION MACHINE PRODUCTS, INC.

5/12/95 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
7775 ELLIS ROAD
2660 VERMONT ST.
MELBOURNE FL 32904
US

Mailing Address
7775 ELLIS ROAD
MELBOURNE FL 32904

3. Date Incorporated or Qualified 09/23/1971	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1375311	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
B. This corporation has liability for intangible tax under S. 199 (1992, Florida Statutes) ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

HUNT, MICHAEL L
2660 VERMONT STR
W MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) 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 hereby withdrawing and accepting the appointment of Section 607.06(2), Florida Statutes.

SIGNATURE

12. Signature of Agent or Director

13. Signature of Agent or Director

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	VST HUNT, BIRGIT V. 2660 VERMONT STR W. MELBOURNE FL	NAME	☐ Change ☐ Addition
STREET ADDRESS	PD HUNT, MICHAEL L 2660 VERMONT STR W MELBOURNE FL	STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 194.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 treasurer or funding empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Birgit V. Hunt
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95

724-2370