FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 403279 (3)

1. Corporation Name
WEST ARCHITECTS, INC.

Principal Place of Business	Mailing Address
3308 OLD OAK LANE HOLLYWOOD FL 33021 US	3308 OLD OAK LANE HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1972
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1416284 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] 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

WEST,ROBERT C
3308 OLD OAK LANE
HOLLYWOOD FL 33021

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 [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	[ ] Change [ ] Addition
NAME	WEST, ROBERT C.	12 NAME	
STREET ADDRESS	3308 OLD OAK LANE	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D [X] Change [ ] Addition
NAME	WEST, RICHARD W.	22 NAME	WEST, RICHARD W.
STREET ADDRESS	1617 BANBURY AVE.	23 STREET ADDRESS	849 LINDEN WAY
CITY-ST-ZIP	BIRMINGHAM MI	24 CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	VSD	31 TITLE	VSD [X] Change [ ] Addition
NAME	WEST, WILLIAM R.	32 NAME	WEST, WILLIAM R.
STREET ADDRESS	8045 S.W. 62ND PLACE	33 STREET ADDRESS	3428 LACEWOOD ROAD
CITY-ST-ZIP	MIMAI FL	34 CITY-ST-ZIP	TAMPA, FL 33618
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: [signature] 5-13-95 407-368-7909 ~~305-907-368~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT C. WEST, PRESIDENT

0093843 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **412000** **(2)**

1. Corporate Name

THE ORIGINAL ALAN'S CUBANA, INC.

Principal Place of Business	Mailing Address
1712 W. UNIVERSITY AVE P.O. BOX 13233 GAINESVILLE FL 32604	1712 W. UNIVERSITY AVE. P.O. BOX 13233 GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1972**	3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-1565651**	☐ 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. The 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KINARD, CHARLES
22-B RED BIRD RD
ARCHER FL 32618

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) 607.0505 and 607.1908, 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. The 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

12. OFFICER AND DIRECTOR(S)	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title: PD Name: KINARD, CHARLES Street Address: 22-B RED BIRD RD City-State-Zip: ARCHER FL	☐ Change ☐ Addition
Title: V Name: TAYLOR-KINARD, ETHEL P. Street Address: 22-B RED BIRD RD City-State-Zip: ARCHER FL	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, pursuant to Section 607.0505, Florida Statutes, 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 above or on an attachment with an address.

SIGNATURE: Charles Kinard - Charles Kinard — 4/27/95 — 904-375-6569

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

0411000 FP

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CORPORATION ANNUAL REPORT 1995

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

5-22-95 B 6840 MC

APPROVED AND FILED

95 MAY ... AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 412102 (6)

1. Corporate Name

ROC-MIL, INC.

Principal Place of Business: 712 SOUTH PINELLAS AVE. TARPON SPRINGS FL 34689

Mailing Address: 712 SOUTH PINELLAS AVE. TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1972
3a. Date of Last Report: 03/02/1994

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

4. FEI Number: 59-1435310 — [ ] 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	10. Name and Address of New Registered Agent
RUBIN, LARRY I 1467 WESTLAKE BLVD PALM HARBOR FL 34683	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 IN 12	
TITLE	PD	1 TITLE	[ ] Change [ ] Addition
NAME	RUBIN, LARRY	1 NAME	
STREET ADDRESS	1467 WESTLAKE BLVD	1 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		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(1)(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] 5/4/95

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

0367791 CP

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **415427** **(4)**

1. Corporate Name
S.W. BROWN GROVES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
228 ASH LANE LAKELAND FL 33813	228 ASH LANE LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/29/1972	05/17/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number 59-1478521	☐ 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) County (25)	ZIP (29) County (30)	8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, SHIRLEY W. 228 ASH LANE LAKELAND FL 33813	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 607.1622 and/or 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	PTD	01 Title	☐ Change ☐ Addition
02 Name	BROWN, SHIRLEY W.	02 Name	
03 Street Address	228 ASH LANE	03 Street Address	
04 City State Zip	LAKELAND FL	04 City State Zip	
05 Title	VS	05 Title	☐ Change ☐ Addition
06 Name	SAWYER, HARRY	06 Name	
07 Street Address	2627 COLLINS AVE.	07 Street Address	
08 City State Zip	LAKELAND FL	08 City State Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City State Zip		12 City State Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City State Zip		16 City State Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City State Zip		20 City State Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City State Zip		24 City State Zip	

14. I/We 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 above, or on an attachment with an asterisk.

SIGNATURE: Shirley W. Brown 5/16/95 913-646-5517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0315554 CF

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 23 PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 421213 (0)

1. Corporation Name

BERCHTOLD GROVES, INC.

Principal Place of Business: 932 AVENUE T.S.E. WINTER HAVEN FL 33880-4619

Mailing Address: 932 AVENUE T.S.E. WINTER HAVEN FL 33880-4619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1462041 ☐ 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 [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]

9. Name and Address of Current Registered Agent

BERCHTOLD, DOROTHY
932 AVENUE T. S E
WINTER HAVEN FL 33880

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	BERCHTOLD, WALLACE	1 NAME	
STREET ADDRESS	932 AVENUE T. S.E.	1 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1 CITY-ST-ZIP	
TITLE	ST	2 TITLE	☐ Change ☐ Addition
NAME	BERCHTOLD, DOROTHY	2 NAME	
STREET ADDRESS	932 AVENUE T S.E.	2 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Dorothy Berchtold 5/15/95 813 293 1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0449164 FP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # 421627 (1)

1. Corporation Name

BRITZ & RONDEAU HOLDING CO

Principal Place of Business

US 1 AND WILDER RD.
RT. 5, BOX 799
BIG PINE KEY FL 33043

Mailing Address

US 1 AND WILDER RD.
RT. 5, BOX 799
BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1973

3a. Date of Last Report: 06/23/1994

4. FEI Number: 59-2302300 — Applied For / Not Applicable

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

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

GREENMAN, FRANKLIN D.
GULFSIDE VILLAGE, US 1
MARATHON FL 33050

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRITZ, JOSEPH CHARLES	12 NAME	
STREET ADDRESS	RT. 5, BOX 799	13 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	RONDEAU, ROLAND EDWARD	22 NAME	
STREET ADDRESS	1215-97TH ST.OCEAN	23 STREET ADDRESS	
CITY-ST-ZIP	MARATHON 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 the 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: Joseph C. Britz — Joseph C. Britz — 5/15/95 — 305-872-3795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0110001 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

APPROVED AND FILED
10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 427602 (8)

1. Corporation Name
JAMES A. CONRAD CORPORATION

Principal Place of Business
1525 NW FEDERAL HWY
STUART FL 34994

Mailing Address
1525 NW FEDERAL HWY
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. # etc.
City & State
Zip / Country

4. FEI Number: 59-1487303 — 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

CONRAD, ELSIE
1525 NW FEDERAL HWY
STUART FL 34994

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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	PVPD
NAME	CONRAD, ELSIE
STREET ADDRESS	1525 NW FEDERAL HWY.
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	CONRAD, JAMES JR.
STREET ADDRESS	1525 NW FEDERAL HWY.
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elsie Conrad

5/10/95 — Date
407-692-0477 — Daytime Phone #

0360306 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **428155** **(6)**

1. Corporation Name
WEST SIDE PAINT & DECORATING CENTER INC

Principal Place of Business	Mailing Address
5300-2 JAMMES RD. JACKSONVILLE FL 32210 US	5300-2 JAMMES RD. JACKSONVILLE FL 32210 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/14/1973**
3a. Date of Last Report: **07/01/1994**

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

4. FEI Number: **59-1493714** ☐ 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

JOHNSON, JOSEPH C.
5300-2 JAMMES RD.
JACKSONVILLE FL 32210

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) [illegible] 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 duties and responsibilities of Section 607.0505 Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE P NAME JOHNSON, JOSEPH C STREET ADDRESS 6684 103RD ST. CITY-ST-ZIP JACKSONVILLE, FL 0	☒ Change ☐ Addition TITLE P NAME JOHNSON, JOSEPH C. STREET ADDRESS 5300-2 JAMMES RD CITY-ST-ZIP JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added to the report or is added in an attachment with an asterisk.

SIGNATURE: Joseph C. Johnson JOSEPH C. JOHNSON 5-17-95 (904) 778-3724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406813 FP

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 22 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 431899 (4)

1. Corporate Name
BEST BEAUTY AND BARBER SUPPLY, INC.

Principal Place of Business:
6459 HWY 90 W
MILTON FL 32570

Mailing Address:
6459 HWY 90 W
MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1973	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1477685	☐ 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 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

9. Name and Address of Current Registered Agent

HENDERSON, JR., C. DEAN
6050 CHEYENNE
MILTON FL 32570

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

TITLE	PD
NAME	HENDERSON, C. DEAN, JR.
STREET ADDRESS	6050 CHEYENNE
CITY-ST-ZIP	MILTON FL
TITLE	VD
NAME	HENDERSON, JOYCE P.
STREET ADDRESS	6050 CHEYENNE
CITY-ST-ZIP	MILTON FL
TITLE	STD
NAME	HENDERSON, CARL D., SR.
STREET ADDRESS	213 CHEROKEE
CITY-ST-ZIP	MILTON FL
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 the 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: C. Dean Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 (904) 626-1938
Date Daytime Phone

0291474 CP