

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

MAY 11 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 445057 (3)

1. Corporation Name
GROUP INSURANCE SALES AND SERVICES, INC.

Principal Place of Business
**1532 OLD FIELD DR
TALLAHASSEE FL 32312
US**

Mailing Address
**1532 OLD FIELD DR
TALLAHASSEE FL 32312
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **01/29/1974** 3a. Date of Last Report **06/27/1994**

4. FEI Number **59-1550342** 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

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

29. Country

24

25

28

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYERS, CAROL
1532 OLD FIELD DR
TALLAHASSEE FL 32312**

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 of Registered Agent or Registered Agent Accepting Appointment

Signature of Officer or Director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
12.1 NAME P AYERS, CAROL 1532 OLD FIELD DR TALLAHASSEE FL STREET ADDRESS CITY & STATE ZIP
12.2 NAME VS SUMMERS, SCOTT 1532 OLD FIELD DR TALLAHASSEE FL STREET ADDRESS CITY & STATE ZIP
12.3 NAME VT AYERS, EDWARD 1532 OLD FIELD DR TALLAHASSEE FL STREET ADDRESS CITY & STATE ZIP
12.4 NAME STREET ADDRESS CITY & STATE ZIP
12.5 NAME STREET ADDRESS CITY & STATE ZIP
12.6 NAME STREET ADDRESS CITY & STATE ZIP
12.7 NAME STREET ADDRESS CITY & STATE ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME STREET ADDRESS CITY & STATE ZIP ☐ Change ☐ Addition
13.2 NAME STREET ADDRESS CITY & STATE ZIP ☐ Change ☐ Addition
13.3 NAME STREET ADDRESS CITY & STATE ZIP ☐ Change ☐ Addition
13.4 NAME STREET ADDRESS CITY & STATE ZIP ☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY & STATE ZIP ☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY & STATE ZIP ☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY & STATE ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an attachment with an address.

SIGNATURE:

Carol Ayers Corner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 1125-1278

Signature of Registered Agent

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Linda B. Norton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **446460** (8)

1. Corporation Name
FOLEY & ASSOCIATES CONSTRUCTION CO., INC.

RECEIVED MAY 15 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 735 FENTRESS BLVD DAYTONA BCH. FL 32114 US	Mailing Address 735 FENTRESS BLVD P.O. BOX 11650 DAYTONA BCH. FL 32120-1650
--	---

2. Principal Place of Business 21	2a. Mailing Address 26
3. Suite, Apt. #, etc. 22	3a. Suite, Apt. #, etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1512567	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
7. This corporation has liability for litigation fee under S. 607.012, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**FOLEY, JAMES L.
735 FENTRESS BLVD
DAYTONA BCH. FL 32114**

10. Name and Address of New Registered Agent

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 607.012 and 607.1509, 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 responsibilities set forth in 607.012, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	COMER, JAMES R
STREET ADDRESS	22325 BLUE CRK LODGE RD
CITY, ST, ZIP	ASTOR FL
TITLE	VD
NAME	WALKER, L WESLEY
STREET ADDRESS	708 BRECKENRIDGE DRIVE
CITY, ST, ZIP	PT ORANGE FL
TITLE	PD
NAME	FOLEY, JAMES L
STREET ADDRESS	735 FENTRESS BLVD
CITY, ST, ZIP	DAYTONA BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 607.012(4)(b), Florida Statutes. I further certify that the information supplied 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, as furnished as an attachment with an address.

SIGNATURE:  JAMES R. COMER
DATE: 5/1/95
904-274-1111

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
1900 Bank of America Building
Tallahassee, Florida 32399-0001

DOCUMENT # **451655** (5)

APOLLO MORTGAGE AND FINANCIAL SERVICES, INC.

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DEC 31 1995

Principal Office of Registered Agent
**720 NW 148TH STREET
MIAMI FL 33168**

Mailing Address
**720 NW 148TH STREET
MIAMI FL 33168**

Date of Last Report of Agent

3. Date of Incorporation (For Foreign) **06/06/1974** 3a. Date of Last Report **04/29/1994**
4. FIC Number **59-1605359** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired **SC** \$8.75 Additional Fee Required
6. Election of Certificate of Status Desired ☐ \$5.00 May Be Added to Fees
7. Does Corporation have liability for negligent tax advice or services, Florida Statutes ☒ Yes ☐ No

2. Principal Office of Registered Agent
21. **155 NW 167th Street**
22. **Suite 204**
23. **N. Miami Beach, FL**
24. **33169** 25. **Dade**
26. **155 NW 167th Street**
27. **Suite 204**
28. **N. Miami Beach, FL**
29. **33169** 30. **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDER, D.E.
720 N.W. 148TH STREET
MIAMI FL 33168**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) **155 NW 167th St., Suite 204**
83.
84. City **N. Miami Beach** FL 85. Zip Code **33169**

11. Pursuant to the provisions of Sections 607.0627 and 607.1008, 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 607.1008, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

File

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P CONDER, D.E. 720 N.W. 148TH STREET MIAMI FL	NAME	P Conder, D.E. 155 NW 167th Street, Suite 204 N. Miami Beach, FL 33169
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME	S CRAMER, MICHAEL 4001 PARK STREET N. STE. 6 ST PETERSBURG, FL 33709	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0627 and 607.1008, Florida Statutes. I further certify that the information is not a part of any supplemental filing required by the Department of State and that any supplemental filing is a separate filing. I am familiar with and accept the obligations of Section 607.1008, Florida Statutes. I am familiar with and accept the obligations of Section 607.1008, Florida Statutes. I am familiar with and accept the obligations of Section 607.1008, Florida Statutes.

SIGNATURE: Michael W. Cramer, Secretary 5/8/95 813-347-9433