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

DOCUMENT # **445057** **(3)**

$ MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate 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**

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip | Country
24 | 25

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

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 unrelated tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AYERS, CAROL
1532 OLD FIELD DR
TALLAHASSEE FL 32312

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) 607.0502 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 (Optional)	
01 Title	P	1. Title	☐ Change ☐ Addition
02 Name	AYERS, CAROL	2. Name	
03 Street Address	1532 OLD FIELD DR	3. Street Address	
04 City, St, ZIP	TALLAHASSEE FL	4. City, St, ZIP	
05 Title	VS	5. Title	☐ Change ☐ Addition
06 Name	SUMMERS, SCOTT	6. Name	
07 Street Address	1532 OLD FIELD DR	7. Street Address	
08 City, St, ZIP	TALLAHASSEE FL	8. City, St, ZIP	
09 Title	VT	9. Title	☐ Change ☐ Addition
10 Name	AYERS, EDWARD	10. Name	
11 Street Address	1532 OLD FIELD DR	11. Street Address	
12 City, St, ZIP	TALLAHASSEE FL	12. City, St, ZIP	
13 Title		13. Title	☐ Change ☐ Addition
14 Name		14. Name	
15 Street Address		15. Street Address	
16 City, St, ZIP		16. City, St, ZIP	
17 Title		17. Title	☐ Change ☐ Addition
18 Name		18. Name	
19 Street Address		19. Street Address	
20 City, St, ZIP		20. City, St, ZIP	
21 Title		21. Title	☐ Change ☐ Addition
22 Name		22. Name	
23 Street Address		23. Street Address	
24 City, St, ZIP		24. City, St, ZIP	

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 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 address.

SIGNATURE: Carol Ayers Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

5/4/95
Date

1425-1278
Telephone Number

0087640 CP

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1995

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

APPROVED AND FILED
... 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 446460 (8)

1. Corporation Name

FOLEY & ASSOCIATES CONSTRUCTION CO., INC.

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

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: 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
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
FOLEY, JAMES L. 735 FENTRESS BLVD DAYTONA BCH. FL 32114	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	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	COMER, JAMES R	1.2 NAME	
STREET ADDRESS	22325 BLUE CRK LODGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, L WESLEY	2.2 NAME	
STREET ADDRESS	708 BRECKENRIDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	FOLEY, JAMES L	3.2 NAME	
STREET ADDRESS	735 FENTRESS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH,FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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] JAMES R. COMER 5/1/95 904-274-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403202 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **451655** **(5)**

1. Current Name

APOLLO MORTGAGE AND FINANCIAL SERVICES, INC.

FILED
95 MAY 11 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
720 NW 148TH STREET MIAMI FL 33168	720 NW 148TH STREET MIAMI FL 33168

3. Date Incorporated/Qualified: 06/06/1974
3a. Date of Last Report: 04/29/1994

21	2. Principal Place of Business: 155 NW 167th Street	26	2a. Mailing Address: 155 NW 167th Street
22	Suite Apt. # or Bldg.: Suite 204	27	Suite Apt. # or Bldg.: Suite 204
23	City & State: N. Miami Beach, FL	28	City & State: N. Miami Beach, FL
24	Zip: 33169	25	County: Dade
29	Zip: 33169	30	County: Dade

4. FEI Number: 59-1605359 — 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 is subject to the provisions of Florida Statutes [X] Yes [ ] No

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 Section 607.1622 and/or 617.1622, 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 (and 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
TYPE: P NAME: CONDER, D.E. STREET ADDRESS: 720 N.W. 148TH STREET CITY-ST-ZIP: MIAMI FL	TYPE: P [ ] Change [ ] Addition NAME: Conder, D.E. STREET ADDRESS: 155 NW 167th Street, Suite 204 CITY-ST-ZIP: N. Miami Beach, FL 33169
TYPE: S NAME: CRAMER, MICHAEL STREET ADDRESS: 4001 PARK STREET N. STE. 6 CITY-ST-ZIP: ST PETERSBURG, FL 33709	[ ] Change [ ] Addition
TYPE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TYPE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TYPE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TYPE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition

14. To the best of my knowledge and belief, this document is executed in accordance with the applicable provisions of Florida Statutes, and I am authorized to execute this document. I further certify that the corporation is not dissolved and is in compliance with all applicable provisions of Florida Statutes.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01884171 CP