

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

APPROVED
AND
FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Kathleen B. Northam Secretary of State Division of Corporations
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DOCUMENT # **480310** (2)

To: Corporation Name:

BOB'S FILTERED OIL COMPANY, INC.

Principal Place of Business 2700 LAND O' LAKES BLVD. LAND O LAKES FL 34639	Mailing Address 2700 LAND O' LAKES BLVD. LAND O LAKES FL 34639
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DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 07/09/1975		3a. Date of Last Report 05/01/1994	
4. FET Number 59-1608607		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. The corporation has liability for intangible tax under Section 193.03, Florida Statutes. ☐ Yes ☒ No			
21. Principal Place of Business	26. Mailing Address	22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State	24. City	29. City
25. County	30. County		

9. Name and Address of Current Registered Agent MCALISTER, BOBBIE J. 18321 KUKA LANE SPRING HILL FL 34610		10. Name and Address of New Registered Agent	
		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	
		FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), 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 607.02(2)(b), Florida Statutes.

SIGNATURE

Robbie J. McAlister

(Print, Registered Agent name and address, and date)

5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PST MCALISTER, BOBBIE J. 18321 KUKA LANE SPRING HILL FL	1. NAME	☐ Change ☐ Addition
2. NAME		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
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 139.02(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 manager 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:

Robbie J. McAlister

Robbie J. McAlister

5/1/95

88-945-7712

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
TALLAHASSEE, FLORIDA 32399-0400

APPROVED
AND
FILED

DOCUMENT # 483419 (8)

1. Corporation Name

TAMPA WOMAN'S HEALTH CENTER, INC.

RECORDED 11/17/15
TALLAHASSEE, FLORIDA

Principal Place of Business

2010 FLETCHER AVENUE
TAMPA FL 33612

Mailing Address

2010 FLETCHER AVENUE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1975

3a. Date of Last Report
04/18/1994

4. FEI Number
59-1621676

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. State Apt. # etc.

22. City & State

23. City

24. City

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. City

29. City

30. City

9. Name and Address of Current Registered Agent

CANAVAN, THOMAS
4401 4TH STREET N.
33703 33600

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

George M. Dauert

5,159.95

12. OFFICERS AND DIRECTORS

12.1 NAME	PD
12.2 NAME	NAUERT, G. MICHAEL
12.3 STREET ADDRESS	4401 4TH STREET N.
12.4 CITY, ST, ZIP	T. PETERSBURG FL
12.5 TITLE	VD
12.6 NAME	CANAVAN, THOMAS
12.7 STREET ADDRESS	4401 4TH ST. N.
12.8 CITY, ST, ZIP	ST. PETERSBURG FL
12.9 TITLE	ST
12.10 NAME	NAUERT, JODELL L
12.11 STREET ADDRESS	4401 4TH STREET N.
12.12 CITY, ST, ZIP	ST. PETERSBURG FL
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	
12.21 TITLE	
12.22 NAME	
12.23 STREET ADDRESS	
12.24 CITY, ST, ZIP	
12.25 TITLE	
12.26 NAME	
12.27 STREET ADDRESS	
12.28 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

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 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, unchanged, or on an attachment with an address.

SIGNATURE:

George M. Dauert
George M. Dauert

15 Aug 95 (813) 977 6172

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001
Phone: (904) 493-6400

DOCUMENT # 483926

(2)

F.J.R. ENTERPRISES, INC.

11:17

Principal Office of Issuance
2505 S.FEDERAL HWY
BOYNTON BCH. FL 33435

Principal Office of Issuance
2505 S.FEDERAL HWY.
BOYNTON BCH. FL 33435

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 09/04/1975		3a. Date of Last Report 08/10/1994	
4. FEI Number 59-1801329		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 complied with the provisions of Chapter 402, Florida Statutes. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent FRICKE, HENRY A 5554 NORTH FEDERAL HIGHWAY FT LAUDERDALE FL		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 FL	
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11. Pursuant to the provisions of Sections 402.01 and 402.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State. If a change was authorized by the corporation's Board of Directors, I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of the new registered office, Florida Statutes.

SIGNATURE

12. OFFICE CHANGES (List all changes)		13. ADDITIONS, CHANGES TO OFFICES AND DIRECTORS (List all)	
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, STATE, ZIP	PD RELLA, FRANK J 1421 FERRIS PLACE BRONX NY	13.1 NAME 13.2 STREET ADDRESS 13.3 CITY, STATE, ZIP	☐ Change ☐ Addition
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, STATE, ZIP		13.4 NAME 13.5 STREET ADDRESS 13.6 CITY, STATE, ZIP	☐ Change ☐ Addition
12.7 NAME 12.8 STREET ADDRESS 12.9 CITY, STATE, ZIP		13.7 NAME 13.8 STREET ADDRESS 13.9 CITY, STATE, ZIP	☐ Change ☐ Addition
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, STATE, ZIP		13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, STATE, ZIP	☐ Change ☐ Addition
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, STATE, ZIP		13.13 NAME 13.14 STREET ADDRESS 13.15 CITY, STATE, ZIP	☐ Change ☐ Addition
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, STATE, ZIP		13.16 NAME 13.17 STREET ADDRESS 13.18 CITY, STATE, ZIP	☐ Change ☐ Addition
12.19 NAME 12.20 STREET ADDRESS 12.21 CITY, STATE, ZIP		13.19 NAME 13.20 STREET ADDRESS 13.21 CITY, STATE, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information reported with this filing is voluntarily prepared and checked and is ready for the corporation stated in Section 402.01(2)(b), Florida Statutes. I further certify that the information included in the 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 registered agent empowered to make this report as required by Chapter 402, Florida Statutes, and that my name appears in Block 12 or Block 13 or both in this filing or on any other filing with an address.

SIGNATURE:
SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/16/95 402-734/095
0063488 CP