

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

12 MAY 99 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **519922** (9)
COTTON BOWL, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/08/1976	3a. Date of Last Report 04/22/1994
4. FEI Number 59-1704411	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
b. This corporation has liability for intangible tax under 211.01, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business 1015 WEST BAY DR. LARGO FL 34640-0248	2a. Mailing Address 1015 WEST BAY DR. LARGO FL 34640-0248
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Country	28. Country
24. Latitude	25. Longitude
29. Latitude	30. Longitude

9. Name and Address of Current Registered Agent

SMITH, COTTON W.
2221 BUENA VISTA DR
CLEARWATER FL 33546

10. Name and Address of New Registered Agent

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

11. I, the undersigned, the president or secretary of the corporation, and we, the undersigned corporation, hereby certify that the information furnished in this report is true and correct, and that the undersigned corporation is in good standing under the laws of the State of Florida. I, the undersigned, hereby accept the appointment as registered agent for the corporation.

SIGNATURE

Signature of Registered Agent

Signature of Secretary or President

Signature

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME SMITH, COTTON W 2221 BUENA VISTA CLEARWATER, FL 00000	1. NAME ☐ Change ☐ Addition
2. NAME SMITH, PATRICIA 2221 BUENA VISTA CLEARWATER, FL 00000	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, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 139.02(1)(b), Florida Statutes. I further certify that the undersigned is not a director or officer of the corporation and that the undersigned is not a shareholder of the corporation. I, the undersigned, hereby accept the appointment as registered agent for the corporation.

SIGNATURE:

Signature and Typed or Printed Name of Registered Agent or Director

1-12-95 813 584 530

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 520109

(0)

SUN TIRE COMPANY

57 MAY 22 AM 10:27

SECRET
FBI - MIAMI

1. Principal Place of Business 7495 SW 24TH STREET MIAMI FL 33155		2a. Mailing Address 7495 SW 24TH STREET MIAMI FL 33155	
2. Principal Place of Business 21 State Apt. # etc. 22 City & State 23	2a. Mailing Address 26 State Apt. # etc. 27 City & State 28	3. Date of Incorporation/Qualification 12/13/1976	3a. Date of Last Report 07/11/1994
4. FET Number 59-1708782	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. Does corporation have liability for indebtedness under Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent CABANAS, MARIA A 13210 SW 51ST ST MIAMI FL 33175		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. The undersigned, by the provisions of Sections 607.04(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a 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 authorized to accept the responsibility of Section 607.04(5), Florida Statutes.			
SIGNATURE _____			
12. OFFICERS AND DIRECTORS			
NAME Title Address City State Zip	P CABANAS, JULIO 13200 SW 51 ST MIAMI, FL 00000	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any) 14 NAME ☐ Change ☐ Addition 15 STREET ADDRESS 16 CITY & STATE 17 ZIP	
NAME Title Address City State Zip	VP CABANAS, REGLA 13210 SW 51TH ST MIAMI, FL 00000	18 NAME ☐ Change ☐ Addition 19 STREET ADDRESS 20 CITY & STATE 21 ZIP	
NAME Title Address City State Zip	S CABANAS, EMIGDIO 13200 SW 50TH ST MIAMI, FL 00000	22 NAME ☐ Change ☐ Addition 23 STREET ADDRESS 24 CITY & STATE 25 ZIP	
NAME Title Address City State Zip	T CABANAS, MARCOS 132201 SW 52ND ST MIAMI, FL 00000	26 NAME ☐ Change ☐ Addition 27 STREET ADDRESS 28 CITY & STATE 29 ZIP	
NAME Title Address City State Zip	AVP VEGA, VIRGINIA 13210 SW SW 51ST STREET MIAMI FL	30 NAME ☐ Change ☐ Addition 31 STREET ADDRESS 32 CITY & STATE 33 ZIP	
NAME Title Address City State Zip		34 NAME ☐ Change ☐ Addition 35 STREET ADDRESS 36 CITY & STATE 37 ZIP	
NAME Title Address City State Zip		38 NAME ☐ Change ☐ Addition 39 STREET ADDRESS 40 CITY & STATE 41 ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not a party to this filing. I further certify that the information submitted in this annual report or supplemental annual report is true and accurate and that my signature shall be the same as provided in the public records. I am a duly authorized officer of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on any attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

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**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
FILED

DOCUMENT # 525478

(4)

1. Corporation Name

BROWN MARINA CORPORATION

02/09/95 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **40 AUDUSSON AVENUE
P. O. BOX 1415
PENSACOLA FL 32596**
Mailing Address: **40 AUDUSSON AVENUE
P. O. BOX 1415
PENSACOLA FL 32596**

3. Date incorporated or qualified: **02/09/1977** 3a. Date of last report: **05/01/1994**
4. FEI Number: **59-1727542** 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 the Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **21** 2b. Mailing Address: **26**
State: **22** City & State: **27**
City & State: **23** City & State: **28**
City: **24** State: **25** City: **29** State: **30**

9. Name and Address of Current Registered Agent: **BROWN, W. T.
40 AUDUSSON AVENUE
PENSACOLA FL 32596**
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 602.04(1) and 602.04(2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required upon or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agreed this appointment as registered agent. I am familiar with and accept the duties of a registered agent for Florida Statutes.

Signature:

12. OFFICERS AND DIRECTORS
NAME: **PD BROWN, W. T.
1700 OSCEOLA BLVD
PENSACOLA FL 32503**
NAME: **D BRYAN, W. H.
3705 MACKY COVE
PENSACOLA FL**
NAME: **D POWERS, R. K.
709 S. W. PARK AVE.
MILTON FL** *Delete*
NAME: **D BROWN, FLORA G.
600 GAMARRA ROAD
PENSACOLA FL**
NAME: **D BRYAN, SHIRLEY F.
3705 MACKY COVE
PENSACOLA FL**
NAME: **D BROWN, S. J.
600 GAMARRA ROAD
PENSACOLA FL**
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:
14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 602.04(1)(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 the corporation, the receiver or trustee empowered to make this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an affidavit with an address.

SIGNATURE: *Warren T. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WARREN T. BROWN
5-5-95 904-453-3471