

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:17

DOCUMENT # 555351

(6)

1. Corporation Name

WIMA CORPORATION

Principal Place of Business

WIMA CORP
3004 C SO OCEAN BLVD
HIGHLAND BCH FL 33487

Mailing Address

WIMA CORP
3004 C SO OCEAN BLVD
HIGHLAND BCH FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/14/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1782996

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HUDSON, THOMAS
1365 C HIGH POINT WAY
DELRAY BEACH FL 33445

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 typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

EPSTEIN, NANCY

3004 C S OCEAN BLVD

HIGHLAND BEACH, FL00000

SAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

EPSTEIN, DONALD

3004 C S OCEAN BLVD

HIGHLAND BEACH, FL00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

EPSTEIN, ELLIOTT

3310 BANKS RD #105

MARGATE FL

OUT

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 118.07(3)(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 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 unchanged, or with amendment with an address

SIGNATURE:

Donald Epstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD EPSTEIN PRESIDENT

DATE

DAY/MONTH/YEAR

6/7/95 4072724168

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

DIVISION OF CORPORATIONS
STATE OF FLORIDA
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 556612 (0)

1. Corporation Name

SWEETWATER CREEK FARMS, INC.

Principal Place of Business

Mailing Address

STAR ROUTE 2, BOX 54
HIGHWAY C-270 NORTH
BRISTOL FL 32321

STAR ROUTE 2, BOX 54
HIGHWAY C-270 NORTH
BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1978

3a. Date of Last Report

07/28/1994

4. FEI Number

59-1806972

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 intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATCHER, SAMUEL T.
HIGHWAY C-270 N.
RT. 2, BOX 54
BRISTOL FL 32321

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 (typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	HATCHER, SAMUEL
STREET ADDRESS	HIGHWAY C-270 N.
CITY ST ZIP	BRISTOL, FL 00000
TITLE	V
NAME	HATCHER, THOMAS A.
STREET ADDRESS	DUPONT RD EST. N LOT 16
CITY ST ZIP	HAVANNA FL
TITLE	ST
NAME	TOMLINSON, TINA
STREET ADDRESS	HIGHWAY C-270 N.
CITY ST ZIP	BRISTOL, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 110.07(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 executor 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:

Sandra B. Mortham
SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel A. Hatcher

6/10/95 (904) 643-2655

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # 558449 (5)

1. Corporation Name

RED LEVEL NATIONAL, INC.

Principal Place of Business

20 GOLFVIEW CRT.
POST OFFICE BOX 2238
HOMOSASSA SPRINGS FL 34448
US

Mailing Address

POST OFFICE BOX 2238
P. O. BOX 2238
HOMOSASSA SPRINGS FL 34447
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1978

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1801239

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 a corporate tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 6 PINWOOD GREEN

2a. Mailing Address

26 6 PINWOOD GREEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HOMOSASSA, FL

City & State

28 HOMOSASSA, FL

Zip

24 34446

Country

25 USA

Zip

29 34446

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

NEEDLEMAN, EVERETT W.
5339 S. FOREST TER.
HOMOSASSA SPRINGS FL 34447

10. Name and Address of Now 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, typed or printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DST
NEEDLEMAN, SHEILA G.
20 GOLFVIEW CRT
HOMOSASSA SPRNG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
DST
NEEDLEMAN, SHEILA G.
6 PINWOOD GREEN
HOMOSASSA, FL 34446
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
☐ Change ☐ Addition

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)(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 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:

Sheila G. Needleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 8, 1995 901-382-5436
Date

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JULY 14 1995

DOCUMENT # 559253

(0)

1. Corporation Name

SUN LAND FINANCIAL CORP.

Principal Place of Business

**450 S. GULFVIEW #1206
P.O. BOX 3277
CLEARWATER FL 34630**

Mailing Address

**450 S. GULFVIEW #1206
P.O. BOX 3277
CLEARWATER FL 34630**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1978

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2262107

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**

6. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

**FLAVAN, JOHN M
450 S. GULFVIEW SUITE 1206
CLEARWATER FL 33515**

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 (typed or printed name of registered agent and title if applicable)

(s. 311) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
FLAVAN, JOHN M
450 S. GULFVIEW #1206
CLEARWATER FL**

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

**VD
HIGGS, NEAL P.
1240 ATLAS LANE
NAPERVILLE IL**

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

**2723 WOLF RIVER CT,
NAPERVILLE, IL 60565**

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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:

John M. Flavan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN M. FLAVAN

PROS

6/10/95 (813) 461-3764