# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:55

DOCUMENT # **575282** **(9)**

1. Corporation Name
**P.M.P. BEAUTY SALON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2941 CENTURY DRIVE<br>P.O. BOX 233<br>MALABAR FL 32950 | 2941 CENTURY DRIVE<br>P.O. BOX 233<br>MALABAR FL 32950 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1978**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-1819308** ☐ 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

**ADAMS, HOWARD**
**2941 CENTURY DR.**
**MALABAR FL 32950**

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 _____ (Name of New Registered Agent, Typed or Printed) _____ (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PST | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ADAMS, HOWARD | 12 NAME | |
| STREET ADDRESS | 2941 CENTURY DR | 13 STREET ADDRESS | |
| CITY ST ZIP | MALABAR FL | 14 CITY ST ZIP | |
| TITLE | VS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ADAMS, FRIEDA | 22 NAME | |
| STREET ADDRESS | 2941 CENTURY DR | 23 STREET ADDRESS | |
| CITY ST ZIP | MALABAR FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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)(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:** Frieda G Adams FRIEDA G ADAMS 4-26-95 407 725-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0421008 FP

# 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

FILED

DOCUMENT # **579391** **(4)**

1. Corporation Name

**GAR ROOFING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 1902<br>MIAMI FL 33245-1902 | P.O. BOX 1902<br>MIAMI FL 33245-1902 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: **07/18/1978** | 3a. Date of Last Report: **02/22/1994** |
| 4. FEI Number: **NOT APPLICABLE** | ☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 10250 NW 25 Street | 26 P.O. Box 1902 |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 City & State: MIAMI, FL | 28 City & State: MIAMI, FL 33245 |
| 24 Zip: 33172 25 Country: DADE | 29 Zip: 33245 30 Country: DADE |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ARRIETA, JOSEFINA<br>2122 SW 98TH PLACE<br>MIAMI FL 33165 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | |
|---|---|---|---|
| 11 TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | ARRIETA, JOSEFINA | 12 NAME | |
| 13 STREET ADDRESS | 2122 SW 98TH PLACE | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | |
| 21 TITLE | TD | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | GARCIA, MANUEL | 22 NAME | |
| 23 STREET ADDRESS | 3170 S.W. 22ND TERRACE | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | |
| 31 TITLE | VP | 31 TITLE | ☐ Change ☑ Addition |
| 32 NAME | ABEL ARRIETA | 32 NAME | V.P. ABEL ARRIETA |
| 33 STREET ADDRESS | 2122 SW 98TH PLACE | 33 STREET ADDRESS | 2122 SW 98 PL |
| 34 CITY ST ZIP | MIAMI FL | 34 CITY ST ZIP | MIAMI, FL 33165 |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 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 exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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:** _____ May 31, 1995 171-9007

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Telephone #

0431402 FP

# 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

FILED

DOCUMENT # **581250** **(8)**

1. Corporation Name

**GARDEN & PALAFOX, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **2 NORTH PALAFOX STREET**<br>**PENSACOLA FL 32501** | **2 NORTH PALAFOX STREET**<br>**PENSACOLA FL 32501** |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| **08/04/1978** | **02/07/1994** |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number **59-1941444** | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 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 |
|---|---|
| **PREININGER, LOUIS A.**<br>**2 NORTH PALAFOX STREET**<br>**PENSACOLA, FL. K 32501** | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (NOTE: Registered Agent's signature required when applicable) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | **PD** | 11 TITLE | ☐ Change ☐ Addition |
| NAME | **BROOKS, JOSEPH F.** | 12 NAME | |
| STREET ADDRESS | **2 NORTH PALAFOX STREET** | 13 STREET ADDRESS | |
| CITY ST ZIP | **PENSACOLA FL** | 14 CITY ST ZIP | |
| TITLE | **STD** | 21 TITLE | ☐ Change ☐ Addition |
| NAME | **PREININGER, LOUIS A.** | 22 NAME | |
| STREET ADDRESS | **2 NORTH PALAFOX STREET** | 23 STREET ADDRESS | |
| CITY ST ZIP | **PENSACOLA FL** | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

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**SIGNATURE:** GARDEN & PALAFOX, INC. _____ 5-26-95 (904) 438-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph F. Brooks

0004284 CP