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 10: 08

DO NOT WRITE IN THIS SPACE

DOCUMENT # **607204** **(5)**

1. Corporation Name
G.A.R. OF LAKELAND, INC.

Principal Place of Business
2643 COLLINS AVE
LAKELAND FL 33803

Mailing Address
2643 COLLINS AVE
LAKELAND FL 33803

3. Date Incorporated or Qualified: **01/19/1979**
3a. Date of Last Report: **07/06/1994**

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

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

4. FEI Number: **59-1920942** ☐ 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

ETHERIDGE, GIRARD G JR
2643 COLLINS AVE
LAKELAND FL 33803

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	**PSD**
NAME	**ETHERIDGE, GIRARD G JR**
STREET ADDRESS	**2643 COLLINS AVE**
CITY ST ZIP	**LAKELAND FL**
TITLE	**VTD**
NAME	**GARDNER, RUTH E.**
STREET ADDRESS	**410 W. BELVEDERE**
CITY ST ZIP	**LAKELAND FL**
TITLE	**VD**
NAME	**ETHERIDGE, GIRARD G III**
STREET ADDRESS	**2643 COLLINS AVE**
CITY ST ZIP	**LAKELAND FL**
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		
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)(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: Girard G. Etheridge Jr. 5/23/95 686-8123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Girard G. Etheridge, Jr.

0813007 CP

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DOCUMENT # **609751** **(3)**

1. Corporation Name
AMBER ELECTRIC, INC.

Principal Place of Business	Mailing Address
630 KISSIMMEE AVE OCOEE FL 34761	630 KISSIMMEE AVE OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1979
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-1888807 — ☐ 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

WRIGHT, LYNN, WALKER, ESQ.
886 S DILLARD ST
WINTER GARDEN FL 34777-8340

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2716 Rew Circle, Ste 102
83
84 City: Ocoee FL 85 Zip Code: 34761

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	PETRO, DANNIEL J	1.2 NAME	
STREET ADDRESS	630 KISSIMMEE AVE	1.3 STREET ADDRESS	
CITY ST ZIP	OCOEE, FL 32761	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	PETRO, DANNIEL J.	2.2 NAME	
STREET ADDRESS	630 KISSIMMEE AVE.	2.3 STREET ADDRESS	
CITY ST ZIP	OCOEE FL 34761	2.4 CITY ST ZIP	
TITLE	~~V~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~LIBKE, TIM~~	3.2 NAME	
STREET ADDRESS	~~630 KISSIMMEE AVE~~	3.3 STREET ADDRESS	DELETE
CITY ST ZIP	~~OCOEE FL~~	3.4 CITY ST ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	CARDEN, LAURA	4.2 NAME	
STREET ADDRESS	630 KISSIMMEE AVE	4.3 STREET ADDRESS	
CITY ST ZIP	OCOEE FL	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(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: Laura H Carden — 5/29/95 — (407) 656-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAURA H. CARDEN

0077366 CP