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
TALLAHASSEE, FLORIDA

DOCUMENT # **624196** **(2)**

1. Corporation Name
BREMSHEY INVESTMENTS CORP.

Principal Place of Business	Mailing Address
P.O. BOX 1889 **30 SUNSET COVE** **FLGLER BEACH FL 32136-4006**	**P.O. BOX 1889** **30 SUNSET COVE** **FLGLER BEACH FL 32136-4006**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1979**	3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-2089530**	☐ 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 taxes for arrearages tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MANFRED, BREMSHEY
30 SUNSET COVE
FLGLER BCH. FL 32036

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 (Typed or Printed Name of Registered Agent) (Date) (If New Registered Agent Signature Required Above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	BREMSHEY, MANFRED	12 NAME	
03 STREET ADDRESS	30 SUNSET COVE	13 STREET ADDRESS	
04 CITY ST ZIP	FLGLER BCH FL	14 CITY ST ZIP	
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY ST ZIP		24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 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 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: [signature] 05-24-95 904-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date [illegible]-2460
Telephone Number

0012270 CP

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 # **624871** **(0)**

1. Corporate Name:
ABL AGENTS' SERVICES, INC.

Principal Place of Business:
~~% SANFORD NEUBARTH~~
11222 QUAIL ROOST DRIVE
MIAMI FL 33157

Mailing Address:
~~% SANFORD NEUBARTH~~
11222 QUAIL ROOST DRIVE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/20/1979**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business
21 c/o LenGarcia
22 Suite, Apt. # etc.
23 City & State

2a. Mailing Address
26 c/o LenGarcia
27 Suite, Apt. # etc.
28 City & State

24 Zip | 25 Country | 29 Zip | 30 Country

4. FEI Number: **59-1967729** ☐ 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 been/will be classified for purposes of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEUBARTH, SANFORD
11222 QUAIL ROOST DRIVE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Garcia Leonardo
82 Street Address (P.O. Box Number is Not Acceptable): 11223 Quail Roost Drive
83
84 Miami **FL** 85 Zip Code 33157

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] Leonardo Garcia, Director & Secretary 5/23/95
(Typed or printed name of person signing) (Title if applicable) (Typed or printed name of registered agent if registered agent is changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	BECKER, DEBORAH	42 NAME	
STREET ADDRESS	11222 QUAIL ROOST DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	
TITLE	S	21 TITLE	S ☐ Change ☐ Addition
NAME	NEUBARTH, SANFORD	22 NAME	GARCIA, LEONARDO
STREET ADDRESS	11222 QUAIL ROOST DRIVE	23 STREET ADDRESS	11222 QUAIL ROOST DR
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	MIAMI FL
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DICKS, ROBERT	32 NAME	
STREET ADDRESS	11222 QUAIL ROOST DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	PRAY, JOSEPH	42 NAME	NEUBARTH, SANFORD
STREET ADDRESS	11222 QUAIL ROOST DR.	43 STREET ADDRESS	11222 QUAIL ROOST DR.
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI FL
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	CASTELO, ENRIQUE L.	52 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 1 or Block 14 above, or on an attachment with an address.

SIGNATURE: [signature] 5/12/95 305 252 6957
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0171768 CF

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

DOCUMENT # **627174** **(6)**

1. Corporation Name

ISLAND ACCOUNTING, INC.

Principal Place of Business	Mailing Address
RT 3 BOX 112 **MARS HILL, NC. 28754**	**RT 3 BOX 112** **MARS HILL, NC. 28754**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/22/1979	**04/20/1994**

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 **59-1915383** ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSKING, ERIC B **13870 ROBERTS RD** **PINELAND FL 33945**	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	OSKING, NANCY B	12 NAME	
STREET ADDRESS	RT. 3, BOX 112	13 STREET ADDRESS	
CITY ST ZIP	MARS HILL NC	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	OSKING, BEN E	22 NAME	
STREET ADDRESS	RT. 3, BOX 112	23 STREET ADDRESS	
CITY ST ZIP	MARS HILL NC	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: Ben E. Osking Sec/Dir. 6/1/95 704 689-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

BEN E. OSKING

04/1995 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 # **629743** **(6)**

1. Corporation Name

CHAVERS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
300 CAROLINE STREET, S.W. **P.O. BOX 710** **MILTON FL 32570**	**300 CAROLINE STREET, S.W.** **P.O. BOX 710** **MILTON FL 32570**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/25/1979	**05/19/1994**

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 **59-1980252** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAVERS, C.B., JR. **300 CAROLINE STREET, S.W.** **MILTON FL 32570**	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) DATE (Registered Agent's signature required when mandatory) (Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CHAVERS, C.B., JR.	12 NAME	
STREET ADDRESS	3100 GREENWOOD DR.	13 STREET ADDRESS	
CITY ST ZIP	MILTON FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	CHAVERS, NECIA E.	22 NAME	
STREET ADDRESS	3100 GREENWOOD DR.	23 STREET ADDRESS	
CITY ST ZIP	MILTON FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	CHAVERS, CLARENCE B.,III	32 NAME	
STREET ADDRESS	802 SUNNYSIDE DR.	33 STREET ADDRESS	
CITY ST ZIP	MILTON FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	CHAVERS, DAVID L.	42 NAME	
STREET ADDRESS	300 CAROLINE ST, SW	43 STREET ADDRESS	
CITY ST ZIP	MILTON FL	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 true and accurate 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: Clarence B. Chavers III 6-1-95 904-623-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0981487 CP

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

DOCUMENT # 631876 (0)

1. Corporate Name
ALACHUA COUNTY LAND SURVEYORS, INC.

Principal Place of Business	Mailing Address
6809 NW 90TH ST. GAINESVILLE FL 32653 US	6809 NW 90TH ST. GAINESVILLE FL 32653 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1979
3a. Date of Last Report: 07/18/1994

2. Principal Place of Business	2a. Mailing Address
21 4404 N.W. 36th AVE.	26 4404 N.W. 36th Ave
Suite, Apt. # etc. 22 SUITE "A"	Suite, Apt. # etc. 27 SUITE "A"
City & State 23 GAINESVILLE, FLA	City & State 28 GAINESVILLE, FLA
Zip 24 32606 County 25 ALACHUA	Zip 29 32606 County 30 ALACHUA

4. FEI Number: 59-1906668 ☐ 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

HALL, KIMBERLY K.
6809 NW 90TH ST.
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name: STACY A. HALL
82 Street Address (P.O. Box Number is Not Acceptable): 6809 N.W. 90th ST.
83
84 City: GAINESVILLE FL 85 Zip Code: 32653

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] Signature of Registered Agent — 6/1/95 Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	P/D ☒ Change ☐ Addition
NAME	HALL, KIMBERLY K.	1 NAME	STACY A. HALL
STREET ADDRESS	6809 NW 90TH ST.	1 STREET ADDRESS	6809 N.W. 90th ST.
CITY-ST-ZIP	GAINESVILLE FL	1 CITY-ST-ZIP	GAINESVILLE, FLA 32653
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(n), 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: [signature] STACY A. HALL 6/1/95 (904)-376-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036139 CP

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

DOCUMENT # **633052** **(6)**

1. Corporation Name
CENTRAL FLORIDA CONTROLS, INC.

Principal Place of Business	Mailing Address
2702 EAST JACKSON ST **ORLANDO FL 32803**	**2702 EAST JACKSON ST** **ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/17/1979	**01/21/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-1930191**	☐ 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 / County 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

LOVETT, W. THOMAS , ESQ.
200 E. ROBINSON STREET, SUITE #500
ORLANDO FL 32801

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 _____ (If changing Registered Agent, signature required from former agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DONAVIN, HARRY B.	12 NAME	
STREET ADDRESS	419 DIAL DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	DONAVIN, JANET D.	22 NAME	
STREET ADDRESS	419 DIAL DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO 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: Harry B. Donavin 6/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date)
HARRY B. DONAVIN

0004197 CF

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

DOCUMENT # **634056** **(6)**

1. Corporation Name:
PADEH & SCHWARTZ, P.A.

Principal Place of Business	Mailing Address
9489 HARDING AVE. **SURFSIDE FL 33154**	**9489 HARDING AVE.** **SURFSIDE FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/28/1979**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — County — 25 / 30

4. FEI Number: **59-1926237** ☐ 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	10. Name and Address of New Registered Agent
PADEH, ASHER S.A. **9489 HARDING AVE** **SURFSIDE FL 33154**	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: _____ (Typed or printed name of registered agent and, if applicable, the office) _____ (Will Registered Agent Signature be required when mailed back) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PADEH, ASHER S.A.	12 NAME	
STREET ADDRESS	9489 HARDING AVE	13 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, ILONKA	22 NAME	
STREET ADDRESS	9489 HARDING AVE	23 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE 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: Ilonka Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (305) 866-7500
Daytime Phone #

0163871 CP

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

DOCUMENT # **636795** **(7)**

1. Corporation Name
HACIENDA DESIGN & CONSTRUCTION, INC.

Principal Place of Business
15651 NW 115TH CT
P O BOX 1068
FAIRFIELD FL 32634

Mailing Address
15651 NW 115TH CT
P O BOX 1068
FAIRFIELD FL 32634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1979**
3a. Date of Last Report: **06/01/1994**

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

4. FEI Number: **59-2133084** ☐ 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

THEISEN, WARD D.
15651 NW 115TH CT
FAIRFIELD FL 32634

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	THEISEN, WARD D	12 NAME		
STREET ADDRESS	15651 NW 115TH CT.	13 STREET ADDRESS		
CITY ST ZIP	FAIRFIELD FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BARBER, KATHERINE T.	22 NAME		
STREET ADDRESS	11052 SCHOONER WAY	23 STREET ADDRESS		
CITY ST ZIP	WINDERMERE 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: Katherine T. Barber **5/30/95** (904) 591 2908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041P08 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

DOCUMENT # **636815** **(3)**

1. Corporation Name
EWELL INDUSTRIES, INC.

Principal Place of Business	Mailing Address
801 MCCUE ROAD **P.O. BOX 3850** **LAKELAND FL 33802**	**801 MCCUE ROAD** **P.O. BOX 3850** **LAKELAND FL 33802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/12/1979**	3a. Date of Last Report: **02/01/1994**
4. FEI Number: **59-1930203**	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEONE, FRANCIS A JR. **801 MCCUE RD** **LAKELAND FL 33801**	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 of New Registered Agent and/or Signature of Former Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VGM	11 TITLE	☐ Change ☐ Addition
NAME	LEONE, FRANCIS A JR	12 NAME	
STREET ADDRESS	801 MCCUE RD	13 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL 33801	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BOTHWELL, JAMES C	22 NAME	
STREET ADDRESS	801 MCCUE RD	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	YOUNG, P L	32 NAME	
STREET ADDRESS	801 MCCUE RD.	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MACGREGOR, JOHN	42 NAME	
STREET ADDRESS	801 MCCUE RD	43 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	44 CITY ST ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	~~HAYWARD, GEORGE A.~~ WEST, PAUL A.	52 NAME	WEST, PAUL A.
STREET ADDRESS	801 MCCUE RD.	53 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	54 CITY ST ZIP	
TITLE	DP	61 TITLE	☐ Change ☐ Addition
NAME	DURANT, A	62 NAME	
STREET ADDRESS	801 MCCUE RD	63 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	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: Paul H. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/95 (Date) 813-688-5787 (Daytime Phone #)

0314874 CP