

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montague
Secretary of State
1000 Capitol Mall, S.W.
Tallahassee, Florida 32399-0001

DOCUMENT # 639702

(0)

1. Corporation Name

ALBADOR ENTERPRISES, INC.

APPROVED
AND
FILED
155 MAY -1 AM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2330 SE 16TH ST
P.O. BOX 576
CAPE CORAL FL 33990

Mailng Address

2330 SE 16TH ST
P.O. BOX 576
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1979

3a. Date of Last Report

07/21/1994

2. Principal Place of Business

21

State Apt # etc.

22

City & State

23

24

2a. Mailng Address

26

State Apt # etc.

27

City & State

28

29

30

4. FEI Number

59-2090145

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

PILATOWSKI, BOHDAN
2330 SE 16TH STR
CAPE CORAL FL 33904

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 607.1506, 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 Sections 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1

NAME
PILATOWSKI, BOHDAN
STREET ADDRESS
2330 SE 16 STR
CITY, STATE, ZIP
CAPE CORAL, FL 00000

12.2

NAME
VPS
PILATOWSKI, NANCY ANNE
STREET ADDRESS
2330 SE 16 ST
CITY, STATE, ZIP
CAPE CORAL FL

12.3

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.4

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.5

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.6

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.7

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.8

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.9

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

13.1

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.2

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.3

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.4

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.5

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.6

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.7

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.8

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.9

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.10

NAME

STREET ADDRESS

CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true, and that I am qualified to be the registered agent for the corporation. I further certify that the information supplied on this annual report or supplemented 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 13, if changed, or on an attachment with an address.

SIGNATURE:

Nancy Anne Pilatowski

NANCY ANNE PILATOWSKI

4-26-95

813-574-8822

0331020 CP

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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 640003

(0)

1. Corporation Name

WEST COAST MOTOR LINES, INC.

Principal Place of Business

**7011 BAKER ROAD
NEW PORT RICHEY FL 34653**

Mailing Address

**7011 BAKER ROAD
NEW PORT RICHEY FL 34653**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1979

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

4. FEI Number
59-1937164

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 1989 U.S.C.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. City

28. City

24. State

25. State

29. State

30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONNELLY, WILLIAM W.
7011 BAKER ROAD
NEW PORT RICHEY FL 34653**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 607.0502, Florida Statutes.

SIGNATURE

(Signature of registered agent, if registered agent is not the corporation)

(Signature of registered agent, if registered agent is not the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
PD
NAME
DONNELLY, WILLIAM W.
STREET ADDRESS
7011 BAKER ROAD
CITY, ST, ZIP
NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.027, 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. I am an officer or director of the corporation or the registered agent 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:

William W. Donnelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William W. Donnelly, President/Director

5/1/95
DATE

813/848-3262
TELEPHONE

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

CORPORATION
ANNUAL REPORT
1995



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

RECEIVED
AND
FILED

APR 11 AM 3:54

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **640619**

(3)

To: Corporation Name

HEADWAY MANAGEMENT COMPANY

Principal Office Location

**4620 N STATE ROAD 7
SUITE 120
FT. LAUDERDALE FL 33319-4009**

Mailing Address

**4620 N STATE ROAD 7
SUITE 120
FT. LAUDERDALE FL 33319-4009**

Corporate Secretary (if not CEO)

3. Date first incorporated (or founded)
08/27/1979

3a. Date of Last Report
10/05/1994

2. Principal Office Location

21. State Apt. # etc.

2a. Mailing Address

26. State Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Name

25. Name

29. Name

30. Name

4. Filing Number
93-0754910

Applied For
Not Applicable

5. Certificate of Status (Degree)

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has voluntarily filed its financial statements with the
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESIENSMITH P.A., JEFFREY R
ONE FINANCIAL PLAZA
SUITE 1610
FT LAUDERDALE FL 33394**

81. Name

82. Street Address, if P.O. Box Number is Not Applicable

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 602.02(2)(b) and 602.15(1)(b), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office
to a new location 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
not aware of any other obligations of this corporation under Florida Statutes.

Signature

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

**PD
BURRIS, DAVID F.
4620 N STATE RD 7 #120
FT LAUDERDALE FL**

1. NAME

☐ Change ☐ Addition

ADDRESS

**4620 N STATE RD 7 #120
FT LAUDERDALE FL**

2. STREET ADDRESS

☐ Change ☐ Addition

CITY

**TD
FERGUSON, DAVID W.
4620 N STATE RD 7 #120
FT LAUDERDALE FL**

3. NAME

☒ Change ☐ Addition

ADDRESS

**4620 N STATE RD 7 #120
FT LAUDERDALE FL**

4. STREET ADDRESS

☐ Change ☐ Addition

CITY

**SD
FLATT, BRUCE
4620 N STATE RD 7 #120
FT LAUDERDALE FL**

5. NAME

☐ Change ☐ Addition

ADDRESS

**4620 N STATE RD 7 #120
FT LAUDERDALE FL**

6. STREET ADDRESS

☐ Change ☐ Addition

CITY

**VPAS
BALL, JOSEPH M.
4620 N STATE RD 7 #120
FT LAUDERDALE FL**

7. NAME

☐ Change ☐ Addition

ADDRESS

**4620 N STATE RD 7 #120
FT LAUDERDALE FL**

8. STREET ADDRESS

☐ Change ☐ Addition

CITY

**VPAS
BALL, JOSEPH M.
4620 N STATE RD 7 #120
FT LAUDERDALE FL**

9. NAME

☐ Change ☐ Addition

ADDRESS

**4620 N STATE RD 7 #120
FT LAUDERDALE FL**

10. STREET ADDRESS

☐ Change ☐ Addition

CITY

**VPAS
BALL, JOSEPH M.
4620 N STATE RD 7 #120
FT LAUDERDALE FL**

11. NAME

☐ Change ☐ Addition

ADDRESS

**4620 N STATE RD 7 #120
FT LAUDERDALE FL**

12. STREET ADDRESS

☐ Change ☐ Addition

CITY

**VPAS
BALL, JOSEPH M.
4620 N STATE RD 7 #120
FT LAUDERDALE FL**

13. NAME

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 602.02(2)(b), Florida Statutes. Further
certifying 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 any officer or director of this corporation at the time of filing this report is required by Chapter 602, Florida Statutes, and that my name
appears on the list of officers and directors required to be filed with this report as required by Chapter 602, Florida Statutes.

SIGNATURE:

David Burris

David Burris

4/28/95

(305)
486-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR