

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
MILTON, FLORIDA
05 JUN - 1 11 01 AM '95

DOCUMENT # **694990** (3)

1. Corporation Name

C AND J TIRES INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8401 HIGHWAY 90
P O BOX 854
MILTON FL 32583-8317**

Mailing Address: **8401 HIGHWAY 90
P O BOX 854
MILTON FL 32583-8317**

3. Date Incorporated or Qualified: **07/16/1981** 3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

4. FEI Number: **59-2111523**

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

**JORDAN, CHARLES
8401 HWY 90
MILTON FL 32583**

10. Name and Address of New Registered Agent

B1 Name:

B2 Street Address (P.O. Box Number is Not Acceptable):

B3

B4 City: **FL** **B5 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	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JAMES	2. NAME	
STREET ADDRESS	RT 4 BOX 4	3. STREET ADDRESS	
CITY, ST, ZIP	MILTON, FL 00000	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, CAROLYN	22. NAME	
STREET ADDRESS	RT 4 BOX 4	23. STREET ADDRESS	
CITY, ST, ZIP	MILTON, FL 00000	24. CITY, ST, ZIP	
TITLE	DP	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, CHARLES	32. NAME	
STREET ADDRESS	8401 HWY 90	33. STREET ADDRESS	
CITY, ST, ZIP	MILTON FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles K. Jordan* 6/1/95 904 623-0610

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

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

SECRET FILED
STATE
OFFICE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **698074** (2)
FLORIDA STATE UNDERWRITERS, INC.

Principal Place of Business: **237 FERNWOOD BLVD. P. O. BOX 986 FERN PARK FL 32730**
Mailing Address: **237 FERNWOOD BLVD. P. O. BOX 986 FERN PARK FL 32730**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/07/1981** 3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2114157** 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 § 199.039, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt # etc: State, Apt # etc:
City & State: City & State:
Zip: Country: Zip: Country: **24** **25** **29** **30**

9. Name and Address of Current Registered Agent
**RICHARDSON, WILLIAM H.
237 FERNWOOD BLVD.
FERN PARK FL 32730**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P O Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

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: _____ (Type or print name of registered agent and then sign name) _____ (Type or print name of registered agent and then sign name) _____ (Type or print name of registered agent and then sign name)

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	RICHARDSON, WILLIAM H
STREET ADDRESS	237 FERNWOOD BLVD.
CITY, ST, ZIP	FERN PARK FL
TITLE	DT
NAME	RICHARDSON, ERNESTINE W.
STREET ADDRESS	237 FERNWOOD BLVD.
CITY, ST, ZIP	FERN PARK FL
TITLE	DV
NAME	RICHARDSON, R. MARTIN
STREET ADDRESS	237 FERNWOOD BLVD.
CITY, ST, ZIP	FERN PARK FL
TITLE	DP
NAME	RICHARDSON, W. SCOTT
STREET ADDRESS	237 FERNWOOD BLVD.
CITY, ST, ZIP	FERN PARK FL
TITLE	DS
NAME	HUAI, CANDACE R.
STREET ADDRESS	237 FERNWOOD BLVD.
CITY, ST, ZIP	FERN PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(4)(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 I had made such a copy, 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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/95 **407-260-1046**
(Date) (Telephone No.)

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700907 (9)

1. Corporation Name
POINCIANA GARDENS ASSOCIATION INC

Principal Place of Business 8278 SE HAZARD ST HOBE SOUND FL 33455	Mailing Address 8278 SE HAZARD ST HOBE SOUND FL 33455
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1960	3a. Date of Last Report 01/25/1994
4. FEI Number 59-1458420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HERB, JOYCE
 6003 ORANGE BLOSSOM TR
 HOBE SOUND, FL
 HOBE SOUND FL 33455**

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) _____ (Registered Agent signature required when registering) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUDNET, GEORGE T
STREET ADDRESS	8768 SE SUNSET DR
CITY ST ZIP	HOBE SOUND, FL 00000
TITLE	VP
NAME	ECKHARDT, LOIS
STREET ADDRESS	8276 BOXWOOD LANE
CITY ST ZIP	HOBE SOUND FL
TITLE	T
NAME	HUDNET, MARY M.
STREET ADDRESS	87768 SE SUNSET DRIVE
CITY ST ZIP	HOBE SOUND FL
TITLE	S
NAME	HUDNET, MARY M
STREET ADDRESS	8768
CITY ST ZIP	HOBE SOUND, FL 00000
TITLE	D
NAME	WILSON, JO ANNE
STREET ADDRESS	8895 SE LONGVIEW DR
CITY ST ZIP	HOBE SOUND, FL 00000
TITLE	D
NAME	RAUNMAN, MARGUERITE
STREET ADDRESS	8059 SE CAMELIA DR
CITY ST ZIP	HOBE SOUND, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GOODMAN, THOMAS	
13 STREET ADDRESS	6521 DE CLAIRMONT PL.	
14 CITY ST ZIP	HOBE SOUND, FL. 33455	
21 TITLE	V. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ALLAN ALLAN, DANIEL	
23 STREET ADDRESS	6373 SE LOCKERBY LN.	
24 CITY ST ZIP	HOBE SOUND, FL. 33455	
31 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GOODMAN GOODMAN, JOAN	
33 STREET ADDRESS	6521 SE CLAIRMONT PL.	
34 CITY ST ZIP	HOBE SOUND, FL. 33455	
41 TITLE	SEC'T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STOLB, DONNA	
43 STREET ADDRESS	6330 SE POINCIANA LN.	
44 CITY ST ZIP	HOBE SOUND, FL. 33455	
51 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ECKHARDT, LOIS	
53 STREET ADDRESS	8276 BOXWOOD LN.	
54 CITY ST ZIP	HOBE SOUND, FL. 33455	
61 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) _____ (Date) _____ (Filing Fee #)