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

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F45068** **(6)**

1. Corporate Name

COMMERCIAL SERVICE AND ASSOCIATES, INC.

Principal Place of Business

10624 HWY 301 SO
DADE CITY FL 33525
US

Mailing Address

10624 HWY 301 SO
DADE CITY FL 33525
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **09/17/1981**

3a. Date of Last Report: **02/16/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2256068** — 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 — County — 30

8. This corporation has activity to be taxed under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBB, FLOYD J
27854 DARBY RD
DADE CITY FL 33525

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 Section 607.0501 and 607.1908 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.

SIGNED

(Required if this statement contains a change in the registered agent's address.) (Required if registered agent's name is changed and not reinstated.) (If registered agent is a corporation, the name and title of the officer signing must be provided.) (If registered agent is a partnership, the name and title of the partner signing must be provided.) (All)

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	DP	01 Title	☐ Change ☐ Addition
02 Name	WEBB, FLOYD J	02 Name	
03 Street Address	10624 HWY 301 SO	03 Street Address	
04 City, St, Zip	DADE CITY FL	04 City, St, Zip	
05 Title	DV	05 Title	☐ Change ☐ Addition
06 Name	WEBB, ANTHONY W	06 Name	
07 Street Address	10624 HWY 301 SO	07 Street Address	
08 City, St, Zip	DADE CITY FL	08 City, St, Zip	
09 Title	SD	09 Title	☐ Change ☐ Addition
10 Name	WEBB, EDITH M	10 Name	
11 Street Address	10624 HWY 301 SO	11 Street Address	
12 City, St, Zip	DADE CITY FL	12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 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 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 with an indication that I am an officer or director.

SIGNATURE: Floyd James Webb — President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-8-95

Daytime Phone #: 904-567-3089

0244383 CP

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FLORIDA DEPARTMENT OF STATE

DOCUMENT # F46100 (6)

1. Entity Name

TICE FOODWAY, INC.

: 25

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4610 PALM BEACH BLVD
P.O. BOX 50128
TICE FL 33905

Mailing Address

4610 PALM BEACH BLVD
P.O. BOX 50128
TICE FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1981

3a. Date of Last Report: 07/28/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2124064 ☐ Applied For ☐ Not Applicable

22

27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 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

SAPP, JAMES A.
4610 PALM BEACH BLVD.
TICE FL 33905

10. Name and Address of New Registered Agent

81 Name: JAMES MEDFORD SAPP

82 Street Address (P.O. Box Number is Not Acceptable): 4610 PALM BEACH BLVD

83

84 City: FT MYERS FL 85 ZIP Code: 33905

11. Pursuant to the provisions of sections 607.1005 and/or 617.1905, 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 that position under Florida Statutes.

SIGNATURE: [signature] 5-7-95

(Registered Agent's signature required when changing registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	NO LONGER PART OF CORPORATION	☐ Change ☐ Addition
NAME	SAPP, JAMES A		
STREET ADDRESS	4610 PALM BCH BLVD		
CITY-ST-ZIP	TICE, FL 00000		
TITLE	DVP	DIRECTOR - PRESIDENT TREAS.	☒ Change ☐ Addition
NAME	SAPP, JAMES M		
STREET ADDRESS	4610 PALM BCH BLVD		
CITY-ST-ZIP	TICE, FL 00000		
TITLE	STD	DIRECTOR Vice Pres. SEC'T.	☒ Change ☐ Addition
NAME	SAPP, ROXANNE		
STREET ADDRESS	4610 PALM BCH BLVD		
CITY-ST-ZIP	TICE FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this report is true, complete and accurate. I am aware that any false information submitted in a report pursuant to Chapter 607, Florida Statutes, may result in the imposition of penalties. I further certify that the corporation named herein has complied with the requirements of Chapter 607, Florida Statutes, pertaining to the qualification of the corporation to do business in Florida. I am aware that false information submitted in a report pursuant to Chapter 607, Florida Statutes, may result in the imposition of penalties. I further certify that I am familiar with and authorized to sign this report on behalf of the corporation.

SIGNATURE: [signature] - ROXANNE SAPP 5/7/95 813-694-7126

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

0440030 FP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

DOCUMENT # F47140 (1)

1. Corporate Name

SUNTIDE REALTY CORP.

Principal Place of Business	Mailing Address
3530 LAUREL DR SUITE 106 NOKOMIS FL 34275 US	710 IND BCH CIR SUITE 106 SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1981
3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-2126755 — 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: X Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address (changes): 21–30 (blank)

9. Name and Address of Current Registered Agent

MARSHALL, KENNETH L.
6076 CLARK CENTER AVENUE
SUITE 1
SARASOTA FL 34233

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KUPS, RICHARD
STREET ADDRESS	710 INDIAN BEACH CIRCLE
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank)

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, 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: Richard Kups — 5-8-95 — 813 355-7153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD KUPS

0468272 FP