FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

MAY 23 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001745 (9)**

1. Corporate Name

WELDON PARTS, INC.

Principal Place of Business

2515 SHADER RD
STE 7
ORLANDO FL 32804
US

Mailing Address

711 W. CALIFORNIA ST
OKLAHOMA CITY OK 73102

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 04/08/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 73-0980791	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 authority to manufacture beer under 5 Florida Statutes: ☐ Yes ☐ No	

21 Name
22 Street Address
23 City-State
24 Zip 25 Country

26 Name
27 Street Address
28 City-State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

HEMBREE, JESS E III
2515 SHADER ROAD #7
ORLANDO FL 32804

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, 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. The above-named entity is familiar with and accepts the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
Title	CP	☐ Change ☐ Addition
Name	SETTLES, DAVID	
Street Address	3301 NW 36TH ST.	
City-St-Zip	OKLAHOMA CITY OK	
Title	VCVP	☐ Change ☐ Addition
Name	RIDER, EMILIE	
Street Address	4716 NW 61ST	
City-St-Zip	OKLAHOMA CITY OK	
Title	VP	☐ Change ☐ Addition
Name	SETTLES, DARYLE	
Street Address	2804 N MCMILLAN	
City-St-Zip	BETHANY OK	
Title	S	☐ Change ☐ Addition
Name	SETTLES, ALLADOE	
Street Address	765 PENN LANE	
City-St-Zip	MOORE OK	
Title	T	☐ Change ☐ Addition
Name	SETTLES, LEON F	
Street Address	705 PENN LANE	
City-St-Zip	MOORE OK	
Title	AT	☐ Change ☐ Addition
Name	WHEELER, EDDIE E	
Street Address	7012 S VILLA	
City-St-Zip	OKLAHOMA CITY OK	

14. I/We hereby certify that the information supplied with this report is accurate and that the signature below is authorized to sign this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 asterisk (*) or attached as an addendum.

SIGNATURE: Eddie Wheeler Eddie Wheeler 5-12-95 405 272 0917

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

0478456 FP

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CORPORATION ANNUAL REPORT

1995

DOCUMENT # F93000002989 (2)

1. Current Name

THE APPLETREE COMPANIES, INC.

Principal Place of Business

ONE BOCA PLACE
2255 GLADES ROAD, SUITE 200-E
BOCA RATON FL 33431

Mailing Address

ONE BOCA PLACE
2255 GLADES ROAD, SUITE 200-E
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 06/29/1993

3a. Date of Last Report: 04/29/1994

2. Principal Street Address
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 65-0205933 — 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 or may be audited by the State of Florida Department of Revenue. Yes ☑ No ☐

9. Name and Address of Current Registered Agent

KRAVITZ, PAUL B
2255 GLADES ROAD, SUITE 200-E
ONE BOCA PLACE
BOCA RATON FL 33431

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 [illegible] 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. The corporation's board of directors hereby accepts the appointment as registered agent. I am familiar with and accept the obligations of [illegible] Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

Title	PD
Name	DOWNIE, ROBERT
Street Address	705 ACHILLES COURT
City-State-Zip	VIRGINIA BEACH VA
Title	D
Name	YOUNG, JOHN ROBERTSON
Street Address	103 SUMMER WINDS LANE
City-State-Zip	JUPITER FL
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS/CHANGES TO OFFICER AND/OR DIRECTOR DATA

Title	P ☐ Change ☐ Addition
Name	Paul Kravitz
Street Address	2255 Glades Road, Suite 200-E
City-State-Zip	Boca Raton, FL 33431
Title	V ☑ Change ☐ Addition
Name	Justin D. Macchia
Street Address	2255 Glades Road, Suite 200 E
City-State-Zip	Boca Raton, FL 33431
Title	V ☐ Change ☑ Addition
Name	Theodore Berain
Street Address	2255 Glades Road, Suite 200 E
City-State-Zip	Boca Raton, FL 33431
Title	V ☐ Change ☑ Addition
Name	Edward A Ries
Street Address	2255 Glades Road, Suite 200 E
City-State-Zip	Boca Raton, FL 33431
Title	D ☐ Change ☑ Addition
Name	John T. Bunc
Street Address	2255 Glades Road, Suite 200 E
City-State-Zip	Boca Raton, FL 33431
Title	D ☐ Change ☑ Addition
Name	John Dailey
Street Address	2255 Glades Road, Suite 200 E
City-State-Zip	Boca Raton, FL 33431

14. I declare I have examined the information contained in this report and that the facts stated in it are true. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Justin A DiMacchia, VP, CFO — 5/16/95 — 407-995-0605

(Telephone Number)

(Date)

(Name and title of individual authorized to sign for corporation or limited liability company)

Justin A DiMacchia

0256735 CP

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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # **F93000003565 (9)**

1. Corporation Name

WIREGRASS SYSTEMS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 8766 DOTHAN AL 36304	P. O. BOX 8766 DOTHAN AL 36304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/04/1993	05/01/1994

4. FEI Number: **63-1058138** ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDANIEL, E B III 3363 BEVIA RD. MARIANNA FL 32446	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	PCD	11 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, E B JR.	12 NAME	
STREET ADDRESS	117 CAMELIA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36303	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, NETTIE J	22 NAME	
STREET ADDRESS	117 CAMELIA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36303	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, E B III	32 NAME	
STREET ADDRESS	3363 BEVIA RD.	33 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	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: E McDaniel Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. B. McDANIEL, JR

334-792-6812
Daytime Phone #
5/18/95

0445700 FP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

MAY 95 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000003833 (1)**

1. Corporate Name

PRO SHOP CONNECTION, INC.

Principal Place of Business

6 COUNTRY CLUB LANE, IMPERIAL LAKES
LAKELAND FL 33860

Mailing Address

6 COUNTRY CLUB LANE, IMPERIAL LAKES
LAKELAND FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1993**

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

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **59-3195004** ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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(s) 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: (New Registered Agent's Signature required for Item 10) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	CPS	1 TITLE	☐ Change ☐ Addition
1 NAME	SORVALD, OIVIND	1 NAME	
1 STREET ADDRESS	6 COUNTRY CLUB LANE, IMPERIAL LAKES	1 STREET ADDRESS	
1 CITY ST ZIP	LAKELAND FL 33860	1 CITY ST ZIP	
2 TITLE		2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY ST ZIP		2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: *Oivind Sorvald* OIVIND SORVALD **5/17/95** **(813) 425-1153**

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

0448722 FP