

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 23 PM 4:04

DOCUMENT # F94000000970 (3)

1. Corporation Name

BARRONS SECURITY AGENCY INCORPORATED

Principal Place of Business

82 UNION ST.
MONTGOMERY NY

Mailing Address

82 UNION ST.
MONTGOMERY NY

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/10/1994

2. Principal Place of Business

2a. Mailing Address

21 243 ROUTE 17K

2b P.O. Box 37

State, Apt. #, etc.

State, Apt. #, etc.

City & State

23 NEWBURGH N.Y.

City & State

28 MONTGOMERY N.Y.

Zip

Country

24 12550

25 USA

Zip

Country

29 12549

30 USA

4. FEI Number

14-1661195

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 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.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of Now 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 607.02(3) and 607.15(9), 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 607.15(9), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BYRNES, JOHN J
STREET ADDRESS	82 UNION ST.
CITY, ST, ZIP	MONTGOMERY NY
TITLE	VO
NAME	VENTURA, MATTHEW
STREET ADDRESS	1036 VANDUZER RD.
CITY, ST, ZIP	MIDDLETOWN NY 10940
TITLE	STD
NAME	BYRNES, CYNTHIA
STREET ADDRESS	82 UNION ST.
CITY, ST, ZIP	MONTGOMERY NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in Sections 110 (2)(b), Florida Statutes. I further certify that the information included on this report is part of supplemental annual report in time 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 manager or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report as an officer, director, manager, trustee or shareholder.

SIGNATURE:

John J. Byrnes
NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. BYRNES

1-45-95

914-587-3907

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:13

DOCUMENT # F94000001376 (2)

1. Corporation Name

TUFFY ASSOCIATES CORP.

Principal Place of Business

**1414 BARONIAL PLAZA DR.
TOLEDO OH 43615**

Mailing Address

**1414 BARONIAL PLAZA DR.
TOLEDO OH 43615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

4. FEI Number

38-2650199

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21. Suite Apt #, etc

26. Suite Apt # etc

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**KROLL, RICHARD
3820 S.W. ARCHER
GAINESVILLE FL 32608**

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 of Registered Agent (Required for all corporations except those which are exempted by Chapter 607, Florida Statutes)

Signature of Registered Agent (Required for all corporations except those which are exempted by Chapter 607, Florida Statutes)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

DC

NAME

HAREL, EZRA

STREET ADDRESS

2211 BROADWAY, #G

CITY, ST, ZIP

NEW YORK NY 10019

TITLE

D

NAME

NAVON, YOAV

STREET ADDRESS

24016 GLENHILL DR.

CITY, ST, ZIP

BEACHWOOD OH 44122

TITLE

VD

NAME

NISSIM, MATTHEW A

STREET ADDRESS

555 MADISON AVE., 12TH FLOOR

CITY, ST, ZIP

NEW YORK NY 10022

TITLE

D

NAME

MORAN, KEENAN V

STREET ADDRESS

1414 BARONIAL PLAZA DR.

CITY, ST, ZIP

TOLEDO OH 43615

TITLE

S

NAME

STROLE, JON J

STREET ADDRESS

1414 BARONIAL PLAZA DR.

CITY, ST, ZIP

TOLEDO OH 43615

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

555 MADISON AVE. 12TH FLOOR

NEW YORK, NY 10022

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

D/P

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change

☐ 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 1.10 (2)(b)(4), 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 addition.

SIGNATURE:

Keenan V. Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEENAN V. MORAN,
President and CEO**

(414) 865-6700
Telephone Number

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tandra S. Mattman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 4:10

DOCUMENT # F94000001412 (5)

1. Corporation Name
B.S.R.M. INC.

Principal Place of Business
2350 MCNAB RANCH RD
UKIAH CA 95482

Mailing Address
2350 MCNAB RANCH RD.
UKIAH CA 95482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1994
3a. Date of Last Report

2. Principal Place of Business
21 2350 mc Nab Ranch Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 93-1004918
Applied For Not Applicable

22 City & State
23 Ukiah CA

27 City & State
same

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

24 95482 25 USA
26 Zip Country

29 Zip Country

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

WINE CLEARING INC.
2210 N.W. 29TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

B1 Name Premier Beverage Co.
B2 Street Address P.O. Box Number is Not Acceptable; 3700 Commerce Parkway
B3
B4 City Miramar FL 85 Zip Code 33025

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 Registered Agent or Director)

(Signature of Registered Agent or Director)

2-22-95

12. OFFICERS AND DIRECTORS

1. NAME P
2. NAME BACCALA, WILLIAM
3. STREET ADDRESS 3460 HAPPY VALLEY AVE.
4. CITY, ST, ZIP SANTA ROSA CA 95404
5. NAME V
6. NAME BACCALA, ROBERT
7. STREET ADDRESS 2445 PASEO CIRCULO
8. CITY, ST, ZIP TUSTIN CA 92680
9. NAME S
10. NAME SITUM, STEVE
11. STREET ADDRESS 4 FRIAR LN.
12. CITY, ST, ZIP SAN RAFAEL CA 94901
13. NAME
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. NAME
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2. 2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3. 3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4. 4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5. 5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6. 6.1 TITLE ☐ Change ☐ 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 119.03(3)(b) Florida Statutes. I further certify that the information indicated on this annual report is a comprehensive and correct report as 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 this 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 of changes, or as an officer listed with an address.

SIGNATURE:

(Signature of Registered Agent or Director)
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/20/95 707-462-2423
(Date) (Telephone Number)

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:54

DOCUMENT # F94000001522 (1)

1. Corporation Name

NFE TECHNOLOGIES, INC.

Principal Place of Business

1012 TRINITY RD.
RALEIGH NC 27607

Mailing Address

1012 TRINITY RD.
RALEIGH NC 27607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

56-1770006

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Registered Agent of corporation or Registered Agent of that corporation

Registered Agent of corporation or Registered Agent of that corporation

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	GOEL, VINOD K
STREET ADDRESS	1012 TRINITY RD.
CITY, ST, ZIP	RALEIGH NC 27607
TITLE	STD
NAME	GOEL, VIBHA
STREET ADDRESS	1012 TRINITY RD.
CITY, ST, ZIP	RALEIGH NC 27607
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 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 of this filing, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95

919-851-9000

(Type)

Telephone Number

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gordon B. Wetherill
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5: 32

DOCUMENT # F94000002115 (3)

1. Corporation Name

THE CASNET GROUP, INC.

Principal Place of Business

P.O. BOX 36952
CANTON OH 44735

Mailing Address

P.O. BOX 36952
CANTON OH 44735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

34-1412249

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

(Appointee, Agent or printed name of registered agent and title of appointer)

(Not to be signed by registered agent or appointer when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**C
GILBERT, RICHARD G
100 CENTRAL PLAZA SOUTH
CANTON OH 44702**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**P
TUERSLEY, THOMAS L
4455 HILLS & DALES ROAD, NW
CANTON OH 44708**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**V
VARCA, FRANK A
4455 HILLS & DALES ROAD, NW
CANTON OH 44708**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**S
VAN VOORHIS, JANICE R
100 CENTRAL PLAZA SOUTH
CANTON OH 44702**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**T
GRAVO, JACK R
100 CENTRAL PLAZA SOUTH
CANTON OH 44702**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**T
GRAVO, JACK R
100 CENTRAL PLAZA SOUTH
CANTON OH 44702**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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 included on this annual report is supplemental annual report as 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 addition.

SIGNATURE:

Frank Varca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 21 95 216 481-3740

Date

Telephone Number

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:13**

DOCUMENT # F94000003308 (3)

1. Corporation Name

CALIBER BUILDERS, INCORPORATED

Principal Place of Business

**5401 S. PRINCE STREET, #106
LITTLETON CO 80120**

Mailing Address

**5401 S. PRINCE STREET, #106
LITTLETON CO 80120**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 1535 5th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

84-1217146

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

City & State

23 Key West, FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip Country

24 33040

25 US

Zip Country

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

10. Name and Address of New Registered Agent

**TURCO, STEPHEN P
1535 5TH STREET
KEY WEST FL 33040**

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 in printed name of registered agent and board of directors

(a)(1) Registered Agent signature required when constituting

(a)(1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TURCO, MICHAEL J
STREET ADDRESS	4925 BOW MAR DRIVE
CITY ST ZIP	LITTLETON CO 80123
TITLE	TDSV
NAME	GARRISON, DENNIS R
STREET ADDRESS	10775 N. RAMPART LANE
CITY ST ZIP	LITTLETON CO 80125
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if incorporated on an attachment with an address.

SIGNATURE:

Michael J. Turco

03/16/95 303-794-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 MAR 13 PM 3:55

DOCUMENT # F94000003696 (1)

1. Corporation Name

AEGIS INVESTOR SERVICES CORP.

Principal Place of Business

6300 FOREST PARK RD.
SUITE 1139
DALLAS TX 75235

Mailing Address

6300 FOREST PARK RD.
SUITE 1139
DALLAS TX 75235

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/14/1994

3a. Date of Last Report

N/A

4. FEI Number

75-2505944

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. 19B.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

2b

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARY, JOHN W III
701 U.S. ONE
SUITE 402
NORTH PALM BEACH FL 33408

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 Agent required for registered agent in this jurisdiction)

(Signature of Agent required for new agent in this jurisdiction)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD
NAME	LYONS, EDWARD R
STREET ADDRESS	6300 FOREST PARK RD.
CITY, ST, ZIP	DALLAS TX 75235
TITLE	V
NAME	MCCAULEY, HERBERT J
STREET ADDRESS	6300 FOREST PARK RD.
CITY, ST, ZIP	DALLAS TX 75235
TITLE	V
NAME	DREITH, CLAYTON D
STREET ADDRESS	6300 FOREST PARK RD.
CITY, ST, ZIP	DALLAS TX 75235
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Sections 119.07(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 owner or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an addendum to this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R. LYONS

2-6-95

214-350-9115

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 4:10

DOCUMENT # F94000004124 (3)

1. Corporation Name

GEORGIA/ATLANTIC CONTRACTORS, INC.

Principal Place of Business

P.O. BOX 47688
DORAVILLE GA 30340

Mailing Address

P.O. BOX 47688
DORAVILLE GA 30340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

25

4. FEI Number

58-1657796

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRITT JR., ARNOLD D
13 CENTURY-21 DR., STE 216
JACKSONVILLE FL 32216

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)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD
NAME	BAILEY, KIM
STREET ADDRESS	3205 LONG IRON DR.
CITY ST ZIP	LAWRENCEVILLE GA
TITLE	VTO
NAME	DUGGAN, TRACEY
STREET ADDRESS	RT 4 BOX 4432E
CITY ST ZIP	DAWSONVILLE GA
TITLE	D
NAME	BAILEY, DORIS
STREET ADDRESS	5831 LAKESHORE DR.
CITY ST ZIP	BUFORD GA
TITLE	D
NAME	FLOYD, KRISTEN
STREET ADDRESS	4339 FALCON CREST DR.
CITY ST ZIP	FLOWERY BRANCH GA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ 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 110 (2)(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 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]

KIM BAILEY

3-25-95

(404) 409-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 23 PM 3:56

DOCUMENT # F94000004315 (7)

1. Corporation Name

REGAL REHAB. INC.

Principal Place of Business

SUITE 200
320 WHITTINGTON PKWY
LOUISVILLE KY 40222

Mailing Address

SUITE 200
320 WHITTINGTON PKWY
LOUISVILLE KY 40222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

61-1259675

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

Country

24

Zip

Country

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

JOHANSSON, ARNE PT
6940 PAN AMERICAN DRIVE
PO BOX 7841 (ATTN: REGAL REHAB)
NORTH PORT FL 34287-3499

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 of person performing duties of registered agent in this filing)

(Signature of person performing duties of registered agent in this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PC
GHAMMACHI, GABRIEL
10706 HELMSDALE LN
LOUISVILLE KY 40243

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

MD
Brent George
11004 Foxmoore Court
Louisville Ky 40223

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

V
Allen Craig Tschudi
301 Rannoch Court
Louisville Ky 40243

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shown not equally for the exemption stated in Section 119.07(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 its 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95

502 327-6585

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 4:10

DOCUMENT # F94000004511 (1)

1. Corporation Name

THE RICKLES GROUP, INC.

Principal Place of Business

100 SOUTH ASHLEY DRIVE, STE 1190
TAMPA FL 33602

Mailing Address

100 SOUTH ASHLEY DRIVE, STE 1190
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

4. FEI Number

36-3625880

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

CAREY, MICHAEL R
100 SOUTH ASHLEY DRIVE, STE 1190
TAMPA FL 33602

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 the principal officer or registered agent and the filer (if applicable)

Signature of the registered agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RICKLES, KYLE D
STREET ADDRESS	1979 NO. MILL STREET
CITY, ST, ZIP	NAPERVILLE IL
TITLE	V
NAME	AHLMAN, RUTH
STREET ADDRESS	1979 NO. MILL STREET
CITY, ST, ZIP	NAPERVILLE IL
TITLE	STD
NAME	RICKLES, VERONICA A
STREET ADDRESS	1979 NO. MILL STREET
CITY, ST, ZIP	NAPERVILLE IL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. 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 140.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kyle D Rickles KYLE D RICKLES

3/15/95

708-369-3500

PRINT NAME AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Telephone Number