

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

**APPROVED
AND
FILED**

MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G17273 (5)

1. Corporation Name

MINGES ENTERPRISES, INC.

Principal Office Location

**TROPICAL REEF RESORT
84997 OVERSEAS HWY
ISLAMORADA FL 33036**

Mailing Address

**TROPICAL REEF RESORT
84997 OVERSEAS HWY
ISLAMORADA FL 33036**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/03/1983	3a. Date of Last Report 04/19/1994
4. FEI Number 59-2263290	Applicant 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. 193 (1992 Florida Statute) ☒ Yes ☐ No	

2. Principal Office Location	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Locality	30. Locality

9. Name and Address of Current Registered Agent

**MINGES, MARK S.
84997 OVERSEAS HWY.
ISLAMORADA FL 33036-6700**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. For agent to be removed, see Form F-1000, dated 10/1/1993, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent as required, agent in 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 the agent with and accept the responsibility for the corporation's compliance with Florida Statutes.

Signature

Signature of Agent to be removed, if applicable

Signature of Agent to be added, if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PS MINGES, MARK S. 84997 OVERSEAS HWY. ISLAMORADA FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP		5. ZIP	
NAME	D MINGES, MARK S. 84997 OVERSEAS HWY. ISLAMORADA FL	6. NAME	☐ Change ☐ Addition
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	
STATE		9. STATE	
ZIP		10. ZIP	
NAME		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	
STATE		14. STATE	
ZIP		15. ZIP	
NAME		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	
STATE		19. STATE	
ZIP		20. ZIP	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Tax form 112 (1992) (b)(6) Florida Statutes. I further certify that the information submitted on this report is true and correct 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of Block 1 of the report or on Block 1 of the report with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95 305664887

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FLORIDA DEPARTMENT OF STATE
Suzanne B. Marshall
Secretary of State
(850) 412-1000 FAX (850) 412-1045

DOCUMENT # **G18585**

(1)

BIBLIO, INC.

2045 S. BABCOCK ST.
MELBOURNE FL 32901

2045 S. BABCOCK ST.
MELBOURNE FL 32901

21 306 Fifth Ave

26 306 Fifth Ave

3. Date of Corporation's Report
01/07/1983

3b. Date of Last Report
05/19/1994

4. FID Number
59-2267630

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 for subsequent fee reduction
Florida Statutes ☐ Yes ☐ No

24 32903

25 BREVARD

29 32903

30 BREVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD, JOEL E
100 RIALTO PLACE, STE. 800
MELBOURNE FL 32901

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 607.01(1) and 607.15(1b), 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, officers, and/or the appointment of a registered agent. I am familiar with and accept the obligations of Section 607.01(1b), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

12

OFFICERS AND DIRECTORS

13

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

VSD
SHAW, THOMAS R
406 RIVERSIDE DR.
MELBOURNE BCH, FL 00000

PD
SHAW, RENEE
406 RIVERSIDE DR.
MELBOURNE BCH, FL 00000

NAME
STREET ADDRESS
CITY, STATE, ZIP

NAME
STREET ADDRESS
CITY, STATE, ZIP

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CITY, STATE, ZIP

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CITY, STATE, ZIP

NAME
STREET ADDRESS
CITY, STATE, ZIP

1. NAME ☐ Change ☐ Addition

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28. NAME ☐ Change ☐ Addition

29. NAME ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

SIGNATURE:

RENEE SHAW

517-145

407-984-9595