

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G20646** (7)

1. Corporation Name

CHARLOTTE DENTAL ASSOCIATES, P.A.

Principal Place of Business

**2595 HARBOR BLVD., STE. 109
PORT CHARLOTTE FL 33952**

Mailing Address

**2595 HARBOR BLVD., STE. 109
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/01/1983	02/14/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2249925	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☒ Yes ☐ No	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. 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

**WATTERS, JOHN L., II, D.M.D.
2595 HARBOR BLVD., STE. 109
PORT CHARLOTTE FL 33952**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WATTERS, JOHN L., II	1.2 NAME	
STREET ADDRESS	293 FRY TERR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	PORT CHARLOTTE FL	1.4 CITY, ST, ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	BENDER, JOSEPH C.	2.2 NAME	
STREET ADDRESS	2303 KENYA LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	PORT CHARLOTTE FL	2.4 CITY, ST, ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LOUSCHER, BERT G.	3.2 NAME	
STREET ADDRESS	2216 CASSINO CT.	3.3 STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. WATTERS, II, DMD *John L. Watters, II, DMD* 6/8/95 (812)
625-2908

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # G23513 (6)

1. Corporation Name

AMERICAN BANK AND TRUST OF POLK COUNTY

Principal Place of Business

**222 STATE RD 60 E
BOX 3400
LAKE WALES FL 33853-748
US**

Mailing Address

**PO BOX 3400
BOX 3400
LAKE WALES FL 33859-400
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1559903

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**

6. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MOSS, GREGORY D
222 STATE RD 60 EAST
LAKE WALES FL 33385-3374**

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 firm if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
FARR, WALTER S.
ANDER MARSH ROAD
WAUCHULA FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**VPC
ERNEST, ROBERT T.
620 BEVERLY DR
LAKE WALES FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**~~NO~~
GIBSON, CECIL F JR CASHI
043 GOLDEN BOUGH RD
LAKE WALES, FL 33853-70**

Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MCCALLISTER, JAMES A
HILLCREST HEIGHTS
BABSON PARK FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
GIBSON, ROBT L JR
854 CAMPBELL AVE
LAKE WALES FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
BICE, W.T.
3002 PLANTATION RD S
WINTERHAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☒ Addition

**EVP
Richard Todd Foster
Lake Wales, FL 33853**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Richard Todd Foster

Richard Todd Foster

6/6/95

(813) 676-7631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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
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DOCUMENT # G25474 (9)

1. Corporation Name
PRO-TECH CONSULTING, INC.

Principal Place of Business 11736 S.W. 116TH TERRACE MIAMI FL 33186 US	Mailing Address P O BOX 661552 MIAMI SPRINGS FL 33266 US
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2. Principal Place of Business 21 4200 SW 151 TERRACE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIRAMAR, FL.	City & State 28
Zip 24 33027	Country 25 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1983	3a. Date of Last Report 03/10/1994
4. FEI Number 59-2263993	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. 190.032, Florida Statutes ☒ Yes ☐ No	

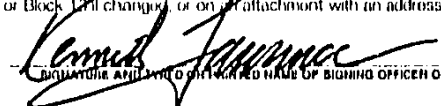
9. Name and Address of Current Registered Agent LAURENCE, KENNETH 11736 S.W. 116TH TERRACE MIAMI FL 33186	10. Name and Address of Now Registered Agent CHANGE 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4200 SW 151 TERRACE 83 84 City MIRAMAR FL 85 Zip Code 33027
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11. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LAURENCE, KENNETH	1.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 11736 S.W. 116 TERR.		1.2 NAME	
CITY, ST, ZIP MIAMI FL		1.3 STREET ADDRESS 4200 SW 151 TERRACE	
		1.4 CITY, ST, ZIP MIRAMAR, FL. 33027	
TITLE	NAME	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

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SIGNATURE:  **KENNETH LAURENCE** 6/1/95 (305) 438-4435

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PROFIT
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ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5

DOCUMENT # G29388

(7)

1. Corporation Name

LINCOLN UNDERWRITING MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1401 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

1401 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1983

3a. Date of Last Report

05/24/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2285552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

2. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHONE, LARRY
50 SE 4TH AVE.
DELRAY BEACH FL 33483

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	USHER, THOMAS C.
STREET ADDRESS	1401 NEPTUNE DR
CITY - ST - ZIP	BOYNTON BCH FL
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	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. C. Usher

6/10/95

Date

407-738-6972

Daytime Phone #

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

DOCUMENT # **G32501**

(0)

1. Corporation Name

BEST CASH REGISTER CO.

Principal Place of Business

**10724 KARENGALE LANE
JACKSONVILLE FL 32225**

Mailing Address

**10724 KARENGALE LANE
JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2293513

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. 190.032

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

**BOYETT, F.
10724 KARENGALE LANE
JACKSONVILLE FL 32225**

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 of agent)

(Signature: Registered Agent signature required when appointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	BOYETT, FRED
STREET ADDRESS	10724 KARENGALE LANE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DPT
NAME	BOYETT, FRED
STREET ADDRESS	10724 KARENGALE LANE
CITY, ST, ZIP	JACKSONVILLE, FL 00000
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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Boyett
June 13 1995

Date

Signature Number

404
7448671

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # G32781 (8)

1. Corporation Name

THE LAW OFFICE OF THOMAS W. GARRARD, P.A.

Principal Place of Business

**520 EAST OLYMPIA AVE
324 CROSS STREET, SUITE A
PUNTA GORDA FL 33950
US**

Mailing Address

**520 EAST OLYMPIA AV
324 CROSS STREET, SUITE A
PUNTA GORDA FL 33950
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1983

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2278482

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GARRARD, THOMAS W
520 EAST OLYMPIA AVE
PUNTA GORDA FL 33950**

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 of application

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GARRARD, THOMAS W.
STREET ADDRESS	520 EAST OLYMPIA AVE
CITY, ST, ZIP	PUNTA GORDA FL
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	

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	
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 changed, or on an attachment with an address.

SIGNATURE

Thomas W. Garrard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-95

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