

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northan
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # H05635 (8)

5/10/95 4:10:15

FENSMORE INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Office Address
6500 N. PLYMOUTH SORRENTO ROAD
P.O. BOX 2188
APOPKA FL 32704

Mailing Address
6500 N. PLYMOUTH SORRENTO ROAD
P.O. BOX 2188
APOPKA FL 32704

3. Date incorporated or changed	38. Date of Last Report
05/30/1984	05/20/1994
4. FE Number	Applied For Not Applicable
59-2433577	
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. Does corporation have liability for unpaid fees under 1994 Act Florida Statutes	Yes ☐ No ☒ Fee

2. Principal Office of Business	26. Mailing Address
21	26
3. Date of Report	37. Date of Report
22	27
4. City, State	41. City, State
23	28
5. City, State	51. City, State
24	29
6. City, State	61. City, State
25	30

9. Name and Address of Current Registered Agent

ROSIER, JOSEPH
559 S. COUNTRY CLUB ROAD
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81. Name

82. Street Address of C.O. Box or Mailing or Post Office

83.

84. City

FL 85. State

11. I, the undersigned, do hereby certify that the above named corporation has made this statement for the purpose of changing its registered agent or registered agent in accordance with the provisions of the Florida Statutes, Chapter 607, Part 1, Section 607.01, and that the corporation has paid the fee for the appointment of a registered agent. I am authorized to make and sign this certificate of business for the Florida Statutes.

12. I, the undersigned, do hereby certify that the above named corporation has made this statement for the purpose of changing its registered agent or registered agent in accordance with the provisions of the Florida Statutes, Chapter 607, Part 1, Section 607.01, and that the corporation has paid the fee for the appointment of a registered agent. I am authorized to make and sign this certificate of business for the Florida Statutes.

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	14. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
NAME	NAME
6500 N PLYMOUTH SORRENTO	6500 N PLYMOUTH SORRENTO
APOPKA FL	APOPKA FL
VST	VST
JAMISON, C.L.	JAMISON, C.L.
1576 ROYAL OAKS DR	1576 ROYAL OAKS DR
APOPKA FL	APOPKA FL

14. I, the undersigned, do hereby certify that the above named corporation has made this statement for the purpose of changing its registered agent or registered agent in accordance with the provisions of the Florida Statutes, Chapter 607, Part 1, Section 607.01, and that the corporation has paid the fee for the appointment of a registered agent. I am authorized to make and sign this certificate of business for the Florida Statutes.

SIGNATURE: *[Signature]*
5/10/95 407 550 2367
0413408 FP

0910210 CP

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ANNUAL REPORT
1995



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

DOCUMENT # **H16057** (2)

1. Corporation Name:

TOBIAS ELECTRIC, INC.

Principal Place of Business:

**1759 N. FLORIDA MANGO ROAD
#9
WEST PALM BEACH FL 33409
US**

Principal Address:

**1759 N. FLORIDA MANGO ROAD
9
WEST PALM BEACH FL 33409
US**

(Do Not Write In This Space)

3. Date for Report (or Available)

08/10/1984

3a. Date of Last Report

01/21/1994

4. F.F. Number

59-2431513

Applied For

Not Applicable

5. Certificate of Status (Date)

**\$8.75 Additional
Fee Required**

6. Election Campaign Contributions
Total Excess Contributions

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

8. This corporation has liability for election law violations for the

calendar year

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WILLIS, ROGER
1441 W HARDEE ST
LANTANA FL 33462**

81. Name

82. Street Address (or P.O. Box) and City and State

83. Title

84. Date

FL

85. Signature

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report of the corporation for the year ending on the date specified in the report, and that the same has been filed with the Division of Corporations, Department of State, for the purpose of filing the same with the Secretary of State.

Signature

12. Name

**PTD
WILLIS, ROGER
1441 W HARDEE ST
LANTANA FL**

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

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Name

Name

Name

Name

Name

Name

Name

SIGNATURE:

Roger Willis Pres
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95

407-640-3466

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **H17135** (5)

1. Corporation Name:
BREV-GAL CORP.

Principal Office Address:
**2455 E SUNRISE BLVD.
SUITE 511
FT. LAUDERDALE FL 33304
US**

Mailbox Address:
**2544 E SUNRISE BLVD.
SUITE 511
FT. LAUDERDALE FL 33304
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Certificate Issued: **08/17/1984** 3a. Date of Last Report: **03/17/1994**

4. FIC Number: **59-2503126** 4a. Amount for Next Application:

5. Certificate of Status: ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. Does corporation have liability for information provided in this report? ☒ **Yes**

2. Director of the Corporation: 2a. Mailing Address:

21. Date of Appointment: 26. Date of Appointment:

22. City, State: 27. City, State:

23. 28.

24. 29. 30.

9. Name and Address of Current Registered Agent

**MINIACI, DOMINICK F.
821 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (Do Not Forget to Add Apartment): 83. 84. City, State: **FL** 85. Zip:

11. If the corporation is a foreign corporation, it must file a statement of its status as a foreign corporation with the Department of State. The statement must be filed with the corporation's annual report. The statement must be filed with the corporation's annual report. The statement must be filed with the corporation's annual report.

12. 13.

**PD
GALGANO, FRANK
2445 E SUNRISE BLVD. STE 511
FT. LAUDERDALE FL**

14. The corporation must file a statement of its status as a foreign corporation with the Department of State. The statement must be filed with the corporation's annual report. The statement must be filed with the corporation's annual report. The statement must be filed with the corporation's annual report.

14. The corporation must file a statement of its status as a foreign corporation with the Department of State. The statement must be filed with the corporation's annual report. The statement must be filed with the corporation's annual report. The statement must be filed with the corporation's annual report.

SIGNATURE: *[Signature]* 05 PWS. F/D 5/9/95 305.565.6737

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

APPROVED
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09/12/1994 15

200
MIAMI, FLORIDA

DOCUMENT # H20662

(3)

To: Corporation Name

MI-RO REALTY, INC.

Principal Place of Business

**% ROBERTO CAPDEVILA
10126 N.W. 27TH AVE.
MIAMI FL 33147**

Mailing Address

**% ROBERTO CAPDEVILA
10126 N.W. 27TH AVE.
MIAMI FL 33147**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation: **09/12/1984** 3a. Date of Last Report: **08/12/1994**

4. FID Number: **59-2450405** A. State: **FL** Not Applicable

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

6. Director Compensation: ☐ **\$5.00 May Be Added to Fees**

8. The corporation is not eligible for simplified filing procedures for small corporations.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPDEVILA, ROBERTO
10126 N.W. 27TH AVE.
MIAMI FL 33147**

81. Name

82. Street Address: P.O. Box, Apt., or Rm. No.

83. City

84. State

FL

85. Zip

11. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am the registered agent of the corporation named herein, and that I am qualified to act as such agent.

12. Name and Address of Registered Agent

**P
CAPDEVILA, ROBERTO
10126 N.W. 27TH AVE.
MIAMI FL**

13. Name and Address of New Registered Agent

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am the registered agent of the corporation named herein, and that I am qualified to act as such agent.

SIGNATURE:

Roberto Capdevila (Roberto Capdevila) 5/10/95

693-0324

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MAY 13 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H20830 (6)

1. Corporation Name

STYLE LINES, INC.

Principal Place of Business

**C/O POPPE APOSTOLOU
1500 34TH ST. NO. #5
ST PETERSBURG FL 33713-2460
US**

Mailing Address

**C/O POPPE APOSTOLOU
1500 34TH ST. NO. #5
ST PETERSBURG FL 33713-2460
US**

(PLEASE WRITE IN THIS SPACE)

3. Date incorporated or chartered

09/12/1984

3a. Date of last report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FID Number

59-2452236

Approved for

Not Applicable

22. State of Incorporation

22

27. State of Incorporation

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23. State of Incorporation

23

28. State of Incorporation

28

6. Executive Compensation

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

24. State of Incorporation

24

29. State of Incorporation

29

8. The corporation has liability for a capital fee under the law of the state of Florida

9. Name and Address of Current Registered Agent

**WALKER, JOAN LOBIANCO
5263 CENTRAL AVE.
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81

82

83

84

FL

85

11. If you are the proprietor of a corporation, you are required to file this statement for the purpose of verifying the corporation's compliance with the provisions of the Florida Statutes. The corporation has been organized in accordance with the provisions of the Florida Statutes. The corporation has been organized in accordance with the provisions of the Florida Statutes.

12.

**DP
APOSTOLOU, POPPE
1500 34TH ST N, #1
ST PETERSBURG FL
D**

13.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

14.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

15.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

16.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

17.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

18.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

19.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

20.

**DALL, EVA
1500 34TH ST N, #1
ST PETERSBURG FL**

SIGNATURE:

[Signature]

POPPE APOSTOLOU

X5-1595X3230170

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DIVISION OF CORPORATIONS

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DOCUMENT # **H21687**

(9)

1. Corporation Name

R & J NEWHOFF CO. INC.

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (City, State)

**C/O ROBERT J. NEWHOFF
5110 THORDEN RD.
JACKSONVILLE FL 32207**

Mail Address

**C/O ROBERT J. NEWHOFF
5110 THORDEN RD.
JACKSONVILLE FL 32207**

(Indicate whether it is a new filing)

3. Date of Incorporation or Organization	3a. Date of Last Report
09/19/1984	06/14/1994
4. FIC Number	Applicable Not Applicable
59-2461346	
5. Certificate of Status (Check one)	\$8.75 Additional Fee Required
☒ 1. Current	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
☐ 2. Trust Fund Contribution	
8. Does corporation have liability for indebtedness?	☒ Yes ☐ No

2. Principal Office (City, State)	2a. Mail Address
21. City, State	26. City, State
22. City, State	27. City, State
23. City, State	28. City, State
24. City, State	29. City, State
25. City, State	30. City, State

9. Name and Address of Current Registered Agent

**NEWHOFF, ROBERT J.
5110 THORDEN ROAD
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address	
83. City, State	
84. City, State	

FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Secretary of State for the purpose of recording the same.

Signature

12. Name and Address of Registered Agent	13. Name and Address of Secretary of State
NAME: PD NEWHOFF, ROBERT J.	NAME:
ADDRESS: 5110 THORDEN RD.	ADDRESS:
CITY: JACKSONVILLE FL	CITY:
STATE: ST	STATE:
NAME: NEWHOFF, JANE E.	NAME:
ADDRESS: 5110 THORDEN RD.	ADDRESS:
CITY: JACKSONVILLE FL	CITY:
STATE: FL	STATE:

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Secretary of State for the purpose of recording the same.

SIGNATURE:

Jane E. Newhoff

JANE E. NEWHOFF

5-15-95

904-399-8646

0448020 FF

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APR 12 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H32924 (3)

1. Corporation Name

GATOR CONTRACTING OF ORLANDO, INC.

Principal Place of Business

**26245 BAIRD AVENUE
SORRENTO FL 32776**

Mailing Address

**26245 BAIRD AVENUE
SORRENTO FL 32776**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1984	3a. Date of Last Report 06/16/1994
4. FFI Number 59-2476396	Applies For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Discs and Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. True, complete and correct copy of the information furnished by the filer to the Secretary of State ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City and State	27. City and State
23. City and State	28. City and State
24. City and State	29. City and State
25. City and State	30. City and State

9. Name and Address of Current Registered Agent

**GOODBREAD, WILLIAM H.
26245 BAIRD AVENUE
SORRENTO FL 32776**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address, P.O. Box Number or Mail Authorization	
83. City and State	
84. City	FL

11. I, the undersigned, the president or secretary of the corporation, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE

William H. Goodbread Pre

APRIL 4, 1995

12. OFFICERS AND DIRECTORS		13. ALL PERSONS OWNING OR HOLDING ONE PERCENT OR MORE OF THE TOTAL NUMBER OF SHARES OF STOCK	
NAME	ADDRESS	NAME	ADDRESS
1. V GOODBREAD, AMY H 26245 BAIRD AVE. SORRENTO FL			
2. PTS GOODBREAD, WILLIAM H. 26245 BAIRD AVENUE SORRENTO FL			
3. NAME	ADDRESS	4. NAME	ADDRESS
5. NAME	ADDRESS	6. NAME	ADDRESS
7. NAME	ADDRESS	8. NAME	ADDRESS
9. NAME	ADDRESS	10. NAME	ADDRESS
11. NAME	ADDRESS	12. NAME	ADDRESS
13. NAME	ADDRESS	14. NAME	ADDRESS
15. NAME	ADDRESS	16. NAME	ADDRESS
17. NAME	ADDRESS	18. NAME	ADDRESS
19. NAME	ADDRESS	20. NAME	ADDRESS
21. NAME	ADDRESS	22. NAME	ADDRESS
23. NAME	ADDRESS	24. NAME	ADDRESS
25. NAME	ADDRESS	26. NAME	ADDRESS
27. NAME	ADDRESS	28. NAME	ADDRESS
29. NAME	ADDRESS	30. NAME	ADDRESS

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE: *William H. Goodbread* **William H. Goodbread**

APRIL 4, 1995 407-539-4794

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1995**



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

**APPROVED
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FILED**

MAY 12 AM 10:15

DOCUMENT # H34093

(5)

1. Corporation Name

ROBERT L. LONG, JR., M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**913 MAR-WALT DRIVE
FT. WALTON BEACH FL 32547-6757
US**

Mailed Address

**913 MAR-WALT DRIVE
FT. WALTON BEACH FL 32547-6757
US**

(Do Not Write in this Space)

3. Date Incorporation or Reincorporation	3a. Date of Last Report
12/14/1984	03/24/1994
4. FEI Number	5. Certificate of Status (Required)
59-2475473	\$8.75 Additional Fee Required
6. Election Campaign Financing	7. Additional Fees
Yes	\$5.00 May Be Added to Fees
8. Does corporation have a subsidiary corporation?	9. Does corporation have a subsidiary corporation?
Yes	Yes

2. Previous Fiscal Year	2a. Mailed Address
21	10600 SEATONVILLE ROAD
22. State of Incorporation	27. State of Incorporation
23	LOUISVILLE, KY
24. City	29. City
25	48241
26. Zip	30. Zip
27	40241

9. Name and Address of Current Registered Agent

**LONG, ROBERT L. JR., M.D.
909 MAR-WALT DRIVE
SUITE 1012
FT. WALTON BEACH FL**

10. Name and Address of New Registered Agent

81. Name	85. Name
82. Street Address	86. Street Address
83. City	87. City
84. State	88. State

FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

Signature

12. Name	13. Address
PD LONG, ROBERT L. JR., M.D. 913 MARWALT DR FT. WALTON BCH FL	ADDITIONAL INFORMATION
14. Name	15. Address
16. Name	17. Address
18. Name	19. Address
20. Name	21. Address
22. Name	23. Address
24. Name	25. Address
26. Name	27. Address
28. Name	29. Address
30. Name	31. Address
32. Name	33. Address
34. Name	35. Address
36. Name	37. Address
38. Name	39. Address
40. Name	41. Address
42. Name	43. Address
44. Name	45. Address
46. Name	47. Address
48. Name	49. Address
50. Name	51. Address
52. Name	53. Address
54. Name	55. Address
56. Name	57. Address
58. Name	59. Address
60. Name	61. Address
62. Name	63. Address
64. Name	65. Address
66. Name	67. Address
68. Name	69. Address
70. Name	71. Address
72. Name	73. Address
74. Name	75. Address
76. Name	77. Address
78. Name	79. Address
80. Name	81. Address
82. Name	83. Address
84. Name	85. Address
86. Name	87. Address
88. Name	89. Address
90. Name	91. Address
92. Name	93. Address
94. Name	95. Address
96. Name	97. Address
98. Name	99. Address
100. Name	101. Address

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: X
ROBERT L. LONG, JR. MD

X 05/14/95 X 502 231-9444