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

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H75063** **(8)**

1. Corporation Name
TED KLINGER CEILINGS & COMMERCIAL REMODELING, INC.

Principal Place of Business: 1285 LINCOLN AVENUE, CLEARWATER FL 34616
Mailing Address: 1285 LINCOLN AVENUE, CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	09/10/1985
3a. Date of Last Report	05/01/1994
4. FEI Number	59-2576550 ☐ 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 — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LYONS, GARY W.
311 SOUTH MISSOURI AVENUE
CLEARWATER FL

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLINGER, THEODORE VERNON
STREET ADDRESS	1285 LINCOLN AVENUE
CITY-ST-ZIP	CLEARWATER FL
TITLE	V
NAME	KLINGER, MARY GRACE
STREET ADDRESS	1285 LINCOLN AVENUE
CITY-ST-ZIP	CLEARWATER FL
TITLE	ST
NAME	KLINGER, JAMES M.
STREET ADDRESS	1285 LINCOLN AVENUE
CITY-ST-ZIP	CLEARWATER FL
TITLE	AS
NAME	KLINGER, THOMAS V.
STREET ADDRESS	1285 LINCOLN AVENUE
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ 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(1)(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: [signature] THOMAS V. Klinger 5-3-95 813 461-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0354607 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
95 ... 10:25
... TALLAHASSEE, FLORIDA

DOCUMENT # **H75336** **(8)**

1. Corporation Name
ALBERT M. ESPOSITO & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
326 MOODY BLVD. P.O. BOX 1836 FLGLER BCH FL 32136-1836	326 MOODY BLVD. P.O. BOX 1836 FLGLER BCH FL 32136-1836

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2578604** — 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
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

ESPOSITO, ALBERT M.
3 SHERBURY CT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: ESPOSITO, ALBERT M.
82 Street Address (P.O. Box Number is Not Acceptable): 326 MOODY BLVD
83 PO BOX 1836
84 City: FLAGLER BEACH FL 85 Zip Code: 32136

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: X [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	PD ☒ Change ☐ Addition
NAME	ESPOSITO, ALBERT M.	NAME	ESPOSITO ALBERT M
STREET ADDRESS	3 SHERBURY CT	STREET ADDRESS	326 MOODY BLVD PO BOX 1836
CITY-ST-ZIP	PALM COAST FL	CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	D	TITLE	VTS D ☐ Change ☒ Addition
NAME	WHITE, NANCY C.	NAME	WHITE, NANCY C
STREET ADDRESS	301 CEDAR LANE PO BOX 766	STREET ADDRESS	301 CEDAR LN PO BOX 766
CITY-ST-ZIP	FLGLER BCH FL	CITY-ST-ZIP	Flagler Beach FL 32136
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X [signature] 5/8/95 904-439-5783

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

0403806 FP