FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J00051** **(9)**

1. Corporation Name
TAYLOR, BRION, BUKER & GREENE, P.A.

Principal Place of Business:
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131-2900

Mailing Address:
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131-2900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/18/1986**
3a. Date of Last Report: **02/16/1994**
4. FEI Number: **59-0949558** ☐ Applied For ☐ Not Applicable

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

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

TAYLOR, HENRY H., JR.
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131-2900

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	DS
NAME	TAYLOR, HENRY H., JR.
STREET ADDRESS	145 SE 25TH RD #1202
CITY-ST-ZIP	MIAMI 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305)377-6700

0131124 CP

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1995

DOCUMENT # J00261 (4)

FIESTA PARTIES, INC.

3150 OLD PORT CIRCLE W
JACKSONVILLE FL 32216
US

~~R FREDERICK SHORT, JR.~~
~~STE 203~~
~~JACKSONVILLE FL 32217~~
~~US~~

3. 02/20/1986

3a. 04/28/1994

4. 59-2643567

Not Applicable

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. X

26. 3150 old Port Cir. West

28. Jacksonville, FL

29. 32216 30. USA

9. Name and Address of Current Registered Agent

SHORT, FREDERICK R., JR.
3733 UNIVERSITY BLVD. WEST
STE 203
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

84. FL

11.

12.

DPS
SIKES, THOMAS R
3150 OLD PORT CIRCLE W
JACKSONVILLE FL

13. ADDITIONAL CHANGES TO BE MADE AT THIS TIME:

14.

SIGNATURE: Thomas R. Sikes (Thomas R. Sikes) 4/27/95 (904) 448-1433

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0406061 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
P.O. BOX 6327, Tallahassee, FL 32314

APPROVED
[illegible] 43
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J02126** **(7)**

1. Current Name
HOMESTEAD COUNTRY STORES, INC.

Principal Place of Business	Mailing Address
3160 N. PACE BLVD. PENSACOLA FL 32505	3160 N. PACE BLVD. PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1986	3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-2693774	☐ 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 § 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KAUFFMANN, DONALD L.
3160 N. PACE BLVD.
PENSACOLA FL 32505

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP	11 TITLE	☒ Change ☐ Addition
12 NAME	KAUFFMANN, DONALD L.	12 NAME	
13 STREET ADDRESS	~~12351 CO ROAD 9T~~	13 STREET ADDRESS	3008 Canvonada Dr
14 CITY ST ZIP	~~LILLIAN AL~~	14 CITY ST ZIP	Pensacola, Fla 32526
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing 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 11 or Block 12 above or on an attachment with an address.

SIGNATURE: [signature] DON KAUFFMANN 4/30/95 904 432-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0387270 CP