

# 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

95 MAY 23 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J52974

(9)

1. Corporation Name

BICOASTAL HOLDING COMPANY

Principal Place of Business

16229 VILLARREAL DE AVILA  
TAMPA FL 33613

Mailing Address

16229 VILLARREAL DE AVILA  
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified 01/22/1987  
3a. Date of Last Report 04/27/1994

4. FCI Number 59-2784798  
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 franchise tax under 201.01, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

24

26. Mailing Address

26

State Apt # etc

27

City & State

28

29

30

9. Name and Address of Current Registered Agent

BILZERIAN, PAUL A  
16229 VILLARREAL DE AVILA  
TAMPA FL 33613

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 607.0402 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 607.0405, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required by 607.0402, Florida Statutes)

Signature of Registered Agent (Required by 607.0402, Florida Statutes)

607.1508

12. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | DPST                      |
| NAME           | BILZERIAN, PAUL A         |
| STREET ADDRESS | 16229 VILLARREAL DE AVILA |
| CITY & STATE   | TAMPA FL 33613            |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY & STATE   |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY & STATE    |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY & STATE    |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY & STATE   |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY & STATE   |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY & STATE   |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in 199.02(3)(b), Florida Statutes. I further certify that the information is stated as the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it would under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, or on an attachment to an address.

SIGNATURE:

*Paul A Bilzerian*  
MINATURAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 (813) 264-1818  
TAMPA, FLORIDA

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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

00 MAY 02 PM 10:23

DOCUMENT # **J53935** (9)

1. Corporation Name:

**AMERISEAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

POST OFFICE BOX 8645  
JACKSONVILLE FL 32239

Mailing Address:

POST OFFICE BOX 8645  
JACKSONVILLE FL 32239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2850793

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 the 1987 U.S.  
Foreign Statutes: ☐ Yes ☐ No

2. Principal Place of Business:

2a. Mailing Address:

21 State Apt # etc

26 State Apt # etc

22 City & State

27 City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, MELVIN O.  
102 NIGHTENGALE  
JACKSONVILLE FL 32246

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3060 Leon Rd.

83

84 City

Jacksonville

FL

85 Zip Code

32246

11. Pursuant to the provisions of Sections 607.0104 and 607.1509, 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 Sections 607.0104, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the registered agent or registered agent in charge

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                         |
|----------------------|-------------------------|
| 12.1 NAME            | PD<br>CARTER, DARREN A. |
| 12.2 STREET ADDRESS  | 4035 RIVER VALLEY RD S  |
| 12.3 CITY & STATE    | JACKSONVILLE FL         |
| 12.4 NAME            | delete                  |
| 12.5 STREET ADDRESS  | delete                  |
| 12.6 CITY & STATE    | delete                  |
| 12.7 NAME            | D                       |
| 12.8 STREET ADDRESS  | CARTER, MELVIN O.       |
| 12.9 CITY & STATE    | 4035 RIVER VALLEY RD S  |
| 12.10 STREET ADDRESS | JACKSONVILLE FL         |
| 12.11 NAME           |                         |
| 12.12 STREET ADDRESS |                         |
| 12.13 CITY & STATE   |                         |
| 12.14 NAME           |                         |
| 12.15 STREET ADDRESS |                         |
| 12.16 CITY & STATE   |                         |
| 12.17 NAME           |                         |
| 12.18 STREET ADDRESS |                         |
| 12.19 CITY & STATE   |                         |

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 NAME            | P T D                                                             |
| 13.2 STREET ADDRESS  | Melvin O. Carter                                                  |
| 13.3 CITY & STATE    | 3060 Leon Rd.                                                     |
| 13.4 CITY & STATE    | Jacksonville, FL 32246                                            |
| 13.5 NAME            | XX Change <input type="checkbox"/> Addition                       |
| 13.6 STREET ADDRESS  | V S D                                                             |
| 13.7 CITY & STATE    | Darren A. Carter                                                  |
| 13.8 CITY & STATE    | 3060 Leon Rd.                                                     |
| 13.9 CITY & STATE    | Jacksonville, FL 32246                                            |
| 13.10 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY & STATE   |                                                                   |
| 13.13 NAME           |                                                                   |
| 13.14 STREET ADDRESS |                                                                   |
| 13.15 CITY & STATE   |                                                                   |
| 13.16 NAME           |                                                                   |
| 13.17 STREET ADDRESS |                                                                   |
| 13.18 CITY & STATE   |                                                                   |
| 13.19 NAME           |                                                                   |
| 13.20 STREET ADDRESS |                                                                   |
| 13.21 CITY & STATE   |                                                                   |

14. I 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or person 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 modification with an addition.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Signature

Signature (Name #)