

REMOVED
AND
REED

FLORIDA DEPARTMENT OF STATE
Barbara H. Abernethy
Secretary of State
Tallahassee, Florida 32399-0001

() " 29 715: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The first part of the document is a header section containing the following information:

- Page Number: 1
- Date: 10/10/2010
- Time: 10:10:10
- Author: [Name]
- Subject: [Subject]

2. The second part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	100
2	Item 2	200
3	Item 3	300
4	Item 4	400
5	Item 5	500
6	Item 6	600
7	Item 7	700
8	Item 8	800
9	Item 9	900
10	Item 10	1000

3. The third part of the document is a list of items:

- Item 1: [Description]
- Item 2: [Description]
- Item 3: [Description]
- Item 4: [Description]
- Item 5: [Description]
- Item 6: [Description]
- Item 7: [Description]
- Item 8: [Description]
- Item 9: [Description]
- Item 10: [Description]

4. The fourth part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	100
2	Item 2	200
3	Item 3	300
4	Item 4	400
5	Item 5	500
6	Item 6	600
7	Item 7	700
8	Item 8	800
9	Item 9	900
10	Item 10	1000

5. The fifth part of the document is a list of items:

- Item 1: [Description]
- Item 2: [Description]
- Item 3: [Description]
- Item 4: [Description]
- Item 5: [Description]
- Item 6: [Description]
- Item 7: [Description]
- Item 8: [Description]
- Item 9: [Description]
- Item 10: [Description]

6. The sixth part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	100
2	Item 2	200
3	Item 3	300
4	Item 4	400
5	Item 5	500
6	Item 6	600
7	Item 7	700
8	Item 8	800
9	Item 9	900
10	Item 10	1000

7. The seventh part of the document is a list of items:

- Item 1: [Description]
- Item 2: [Description]
- Item 3: [Description]
- Item 4: [Description]
- Item 5: [Description]
- Item 6: [Description]
- Item 7: [Description]
- Item 8: [Description]
- Item 9: [Description]
- Item 10: [Description]

8. The eighth part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	100
2	Item 2	200
3	Item 3	300
4	Item 4	400
5	Item 5	500
6	Item 6	600
7	Item 7	700
8	Item 8	800
9	Item 9	900
10	Item 10	1000

9. The ninth part of the document is a list of items:

- Item 1: [Description]
- Item 2: [Description]
- Item 3: [Description]
- Item 4: [Description]
- Item 5: [Description]
- Item 6: [Description]
- Item 7: [Description]
- Item 8: [Description]
- Item 9: [Description]
- Item 10: [Description]

10. The tenth part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	100
2	Item 2	200
3	Item 3	300
4	Item 4	400
5	Item 5	500
6	Item 6	600
7	Item 7	700
8	Item 8	800
9	Item 9	900
10	Item 10	1000

11. The eleventh part of the document is a list of items:

- Item 1: [Description]
- Item 2: [Description]
- Item 3: [Description]
- Item 4: [Description]
- Item 5: [Description]
- Item 6: [Description]
- Item 7: [Description]
- Item 8: [Description]
- Item 9: [Description]
- Item 10: [Description]

12. The twelfth part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	100
2	Item 2	200
3	Item 3	300
4	Item 4	400
5	Item 5	500
6	Item 6	600
7	Item 7	700
8	Item 8	800
9	Item 9	900
10	Item 10	1000

13. The thirteenth part of the document is a list of items:

- Item 1: [Description]
- Item 2: [Description]
- Item 3: [Description]
- Item 4: [Description]
- Item 5: [Description]
- Item 6: [Description]
- Item 7: [Description]
- Item 8: [Description]
- Item 9: [Description]
- Item 10: [Description]

14. The fourteenth part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	100
2	Item 2	200
3	Item 3	300
4	Item 4	400
5	Item 5	500
6	Item 6	600
7	Item 7	700
8	Item 8	800
9	Item 9	900
10	Item 10	1000

15. The fifteenth part of the document is a list of items:

- Item 1: [Description]
- Item 2: [Description]
- Item 3: [Description]
- Item 4: [Description]
- Item 5: [Description]
- Item 6: [Description]
- Item 7: [Description]
- Item 8: [Description]
- Item 9: [Description]
- Item 10: [Description]

16. The sixteenth part of the document is a table with the following structure:

Item	Description	Value
1	Item 1	

Journal of Management Inquiry 20(1) 3-15

75000 OVERSEAS HWY.
P. O. BOX 232
ISLAMORADA FL 33036

DOING WORK IN THE SPACE

3. Date Recapitalized or Qualified 02/12/1987		3a. Date of Last Report 04/22/1994	
4. EIN Number 59-2809143		Acquired Fee Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Dependent Contributions, Exempting Grandchild Contributions ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for attempting to avoid U.S. 1993 CFC Florida Statute ☐ Yes ☐ No			

21 Principal Place of Residence		22 Mailing Address	
21	83 W. PLAZA GRANADA	22	P.O. Box 292
County, Apt. #, etc.		County, Apt. #, etc.	
22	ISLAMORADA, FL	23	City & State
City & State		City & State	
23		24	ISLAMORADA, FL
Zip		Zip	
24	33036	25	honor
County		County	
25	honor	26	33036
City		City	
26	honor	27	honor
State		State	
27	honor	28	honor
Country		Country	
28	honor	29	honor
Telephone		Telephone	
29	honor	30	honor
Fax		Fax	
30	honor	31	honor
E-mail		E-mail	
31	honor	32	honor
Other		Other	
32	honor	33	honor
Signature		Signature	
33	honor	34	honor
Date		Date	
34	honor	35	honor
Print Name		Print Name	
35	honor	36	honor
Address		Address	
36	honor	37	honor
City		City	
37	honor	38	honor
State		State	
38	honor	39	honor
Zip		Zip	
39	honor	40	honor
County		County	
40	honor	41	honor
City		City	
41	honor	42	honor
State		State	
42	honor	43	honor
Zip		Zip	
43	honor	44	honor
County		County	
44	honor	45	honor
City		City	
45	honor	46	honor
State		State	
46	honor	47	honor
Zip		Zip	
47	honor	48	honor
County		County	
48	honor	49	honor
City		City	
49	honor	50	honor
State		State	
50	honor	51	honor
Zip		Zip	
51	honor	52	honor
County		County	
52	honor	53	honor
City		City	
53	honor	54	honor
State		State	
54	honor	55	honor
Zip		Zip	
55	honor	56	honor
County		County	
56	honor	57	honor
City		City	
57	honor	58	honor
State		State	
58	honor	59	honor
Zip		Zip	
59	honor	60	honor
County		County	
60	honor	61	honor
City		City	
61	honor	62	honor
State		State	
62	honor	63	honor
Zip		Zip	
63	honor	64	honor
County		County	
64	honor	65	honor
City		City	
65	honor	66	honor
State		State	
66	honor	67	honor
Zip		Zip	
67	honor	68	honor
County		County	
68	honor	69	honor
City		City	
69	honor	70	honor
State		State	
70	honor	71	honor
Zip		Zip	
71	honor	72	honor
County		County	
72	honor	73	honor
City		City	
73	honor	74	honor
State		State	
74	honor	75	honor
Zip		Zip	
75	honor	76	honor
County		County	
76	honor	77	honor
City		City	
77	honor	78	honor
State		State	
78	honor	79	honor
Zip		Zip	
79	honor	80	honor
County		County	
80	honor	81	honor
City		City	
81	honor	82	honor

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUROWSKI, PEGGY ANN
75000 OVERSEAS HWY
P. O. BOX 292
ISLAMORADA FL 33036

01	Name:	
02	Street Address: 03 Q Box Number and Post Identification	
03		
04	City:	05 Zip Code:

11. Pursuant to the provisions of Southern Bell Policy and Rule 15008, Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office to a registered agent located in the State of Florida. The change was authorized by the corporation's board of directors. I hereby sign this appointment as registered agent. I am familiar with and accept the responsibility of Southern Bell under Florida Statute.

6. 0.01 0.02 0.03 0.04 0.05 0.06 0.07 0.08 0.09 0.10

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Lichtenthaler and Sponholz (1980). The total protein concentration was determined by the method of Lowry (1956).

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

[illegible][illegible]

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON DILETTON

5/6/95 664-9344

1. *U.S. Census Bureau*. (1997). *U.S. Census Bureau*. Retrieved from <http://www.census.gov>

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
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**APPROVED
FILED**

DOCUMENT # J57493 (5)

1. Corporation Name

TU. JOINT VENTURES, INC.

SE MAY 22 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1058 EIGHTH AVENUE SOUTH NAPLES FL 33940	1058 EIGHTH AVENUE SOUTH NAPLES FL 33940

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		02/13/1987	05/10/1994
22 State Apt. # etc.		27 State Apt. # etc.		4. FEI Number	Applied For
23 City & State		28 City & State		28-8262218	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		☐	\$5.00 May Be Added to Fees
26		31		6. Election Campaign Financing Trust Fund Contribution	☐
27		32		7. This corporation has liability for intangible tax under S. 199.03?	Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES FL 33940**

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 607.0305 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 607.0305, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	2. NAME	1. NAME	☐ Change ☐ Addition
3. STREET ADDRESS	4. STREET ADDRESS	3. STREET ADDRESS	☐ Change ☐ Addition
5. CITY, ST, ZIP	6. CITY, ST, ZIP	5. CITY, ST, ZIP	☐ Change ☐ Addition
7. NAME	8. NAME	7. NAME	☐ Change ☐ Addition
9. STREET ADDRESS	10. STREET ADDRESS	9. STREET ADDRESS	☐ Change ☐ Addition
11. CITY, ST, ZIP	12. CITY, ST, ZIP	11. CITY, ST, ZIP	☐ Change ☐ Addition
13. NAME	14. NAME	13. NAME	☐ Change ☐ Addition
15. STREET ADDRESS	16. STREET ADDRESS	15. STREET ADDRESS	☐ Change ☐ Addition
17. CITY, ST, ZIP	18. CITY, ST, ZIP	17. CITY, ST, ZIP	☐ Change ☐ Addition
19. NAME	20. NAME	19. NAME	☐ Change ☐ Addition
21. STREET ADDRESS	22. STREET ADDRESS	21. STREET ADDRESS	☐ Change ☐ Addition
23. CITY, ST, ZIP	24. CITY, ST, ZIP	23. 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)(b), Florida Statutes. I further certify that the information included 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 this 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 of this statement, or on an attachment with an address.

SIGNATURE *Lewis Elliott* **5/10/95 - 1-813-262-2217**