FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J62441** **(7)**

1. Corporation Name
BAY MEDICAL ANESTHESIOLOGISTS, INC.

Principal Place of Business	Mailing Address
801 E. 6TH STREET SUITE 205-A PANAMA CITY FL 32401	801 E. 6TH STREET SUITE 205-A PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1987**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2955238** ☐ 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 apply for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOODING, JOHN M.
801 E. 6TH STREET
SUITE 205-A
PANAMA CITY FL 32401

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 Section 607.0502 and 607.1008, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 Title	PD	41 Title	☐ Change ☐ Addition
32 Name	GOODING, JOHN M.	42 Name	
33 Street Address	801 E. 6TH STREET, #205A	43 Street Address	
34 City, St, Zip	PANAMA CITY FL	44 City, St, Zip	
35 Title	SD	45 Title	☐ Change ☐ Addition
36 Name	DALY, JOHN W	46 Name	
37 Street Address	801 E 6TH ST 205A	47 Street Address	
38 City, St, Zip	PANAMA CITY FL	48 City, St, Zip	
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
41 Street Address		51 Street Address	
42 City, St, Zip		52 City, St, Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City, St, Zip		56 City, St, Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City, St, Zip		60 City, St, Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City, St, Zip		64 City, St, Zip	

14. I declare that I have examined the information contained herein and that to the best of my knowledge and belief, it is true, correct and complete. I further certify that the corporation named herein has complied with the provisions of Chapter 607, Florida Statutes, regarding the delivery of this report to shareholders. I am aware that false information submitted in a document to the Department of State is a violation of section 817.155, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: John M. Gooding 5-19-95 904 785 3185

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

00301M CP

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TALLAHASSEE, FLORIDA

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DOCUMENT # **J63440** **(8)**

1. Corporation Name
Y. A. D. LAWN CARE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 804 WEST PALM BEACH FL 33402	POST OFFICE BOX 804 WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified: **03/19/1987**
3a. Date of Last Report: **06/15/1994**
4. FEI Number: **59-2827547** — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 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

DAGOBERT, GEORGES
237 N WALE DRIVE
WEST PALM BEACH FL 33409

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: Dagobert Georges

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GEORGES, DAGOBERT
STREET ADDRESS	237 N WALE DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	S
NAME	MARCELON, JEAN-YVES
STREET ADDRESS	224 LYMAN PLACE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VP
NAME	ANGENOR, ESTILIEN
STREET ADDRESS	1134 WARREN RD
CITY-ST-ZIP	WEST PALM BEACH FL
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Daytime Phone #

0435141

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J63473** **(9)**

1. Corporation Name

GRANTAIR, INC.

Principal Place of Business	Mailing Address
1401 W WASHINGTON ST. ORLANDO FL 32805	1401 W WASHINGTON ST. ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1987**	3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-2790154**	☐ 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. Is this corporation now engaged in business as defined by 290.015 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. # or Rm. (22) | Suite, Apt. # or Rm. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) Foreign (30)

9. Name and Address of Current Registered Agent

DULIN, RAMSEY W.
SUITE 1402
201 E. PINE STREET
ORLANDO FL 32801

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 Section 607.1007 and/or 1008 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 607.325 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
51 Title	PD	☐ Change ☐ Addition
52 Name	DICKERSON, LARRY D.	
53 Street Address	1715 CROWN POINT WOODS	
54 City, St, Zip	OCOEE FL	
55 Title	VP	☐ Change ☐ Addition
56 Name	ROBERTSON, GARY W.	
57 Street Address	12325 RAINTREE CT	
58 City, St, Zip	MONTRERDE FL	
59 Title		☐ Change ☐ Addition
60 Name		
61 Street Address		
62 City, St, Zip		
63 Title		☐ Change ☐ Addition
64 Name		
65 Street Address		
66 City, St, Zip		
67 Title		☐ Change ☐ Addition
68 Name		
69 Street Address		
70 City, St, Zip		
71 Title		☐ Change ☐ Addition
72 Name		
73 Street Address		
74 City, St, Zip		

14. I/We 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/We 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 added above or on an attachment with an address.

SIGNATURE: [signature] 5/16/95 407-422-7065
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0066700 CP