

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

6 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J69570** (6)

1. Corporation Name
HOWELL USED CARS, INC.

Principal Place of Business
**10402 US 41
SPRING HILL FL 34610**

Mailing Address
**10402 US HWY 41
SPRING HILL FL 34610
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1987** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2817088** 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 § 190.03? Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. # etc 26 Suite, Apt. # etc

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWELL, ROYCE
21220 HI-HO LANE
SPRING HILL 34610**

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 607.0801 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0801, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required if Agent is Other than Corporation)

Signature of Registered Agent (Required when Incorporating)

11/11

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME **D**
STREET ADDRESS **HOWELL, ROYCE**
CITY, ST, ZIP **21220 HI-HO LANE**
SPRING HILL FL

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(9)(b), Florida Statutes. I further certify that the information reflected 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. 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 1, 2 or Block 3, if changed, or on an attachment with an address.

SIGNATURE:

Royce Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95 904-799-2934
Date Signature

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APPROVED
AND
FILED

MAY 22 AM 10:15

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J73493

(5)

1. Corporation Name

ATLANTIC TITLE, INC.

Principal Place of Business

1080 EAST INDIANTOWN ROAD
OCEANSIDE PROFESSIONAL CENTRE, SUITE 202
JUPITER FL 33477

Mailing Address

1080 EAST INDIANTOWN ROAD
OCEANSIDE PROFESSIONAL CENTRE, SUITE 202
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date of Corporation or Qualification
05/19/1987

3a. Date of Last Report
05/17/1994

4. FEI Number
59-2807607

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 election finance law violation in 1994 under
Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business

21. State Apt. # str.

2a. Mailing Address

26. State Apt. # str.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, CHARLES H
1080 EAST INDIANTOWN ROAD
OCEANSIDE PROFESSIONAL CENTRE
JUPITER FL 33477

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 a registered agent under Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if different from the one listed above)

Signature of New Registered Agent (if different from the one listed above)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PT BURNS, CHARLES H	1080 E INDIANTOWN ROAD	JUPITER FL		
VP HISLEY, ANDREA M	1080 E INDIANTOWN RD	JUPITER FL		
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
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NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
1. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
2. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
3. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
4. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
5. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
6. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
7. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
8. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
9. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
10. NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. I further certify that this information was filed on the basis of request for 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes of officers and directors with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles H. Burns, President

5/16/95

407-575-4110

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1995



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

APPROVED
AND
FILED

MAY 27 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73770

(6)

1. Corporation Name

ABBEY CONTRACTORS, INC.

Principal Place of Business

817 WALNUT PLACE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

817 WALNUT PLACE
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2805531

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

7. Does corporation intend to register with a campaign finance committee?
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Organization

21

2a. Mailing Address

26

State Apt # etc.

22

State Apt # etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBEY, JAY B.
817 WALNUT PLACE
ALTAMONTE SPRINGS FL 32701

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 607.06(2) and 607.15(8), 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 607.06(5), Florida Statutes.

SIGNATURE

(Print Name and Title of Agent or Registered Agent, if applicable)

(Print Name and Title of Agent or Registered Agent, if applicable)

(Print Name and Title of Agent or Registered Agent, if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (If 1/2)

14

PD
ABBEY, JAY B.
817 WALNUT PLACE
ALTAMONTE SPRINGS FL

15

PD
Abbey, Jay B.
817 Walnut Place
Altamonte Springs, FL 32701

☒ Change ☐ Addition

16

NAME
STREET ADDRESS
CITY & STATE

17

NAME
STREET ADDRESS
CITY & STATE

☐ Change ☐ Addition

18

NAME
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CITY & STATE

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☐ Change ☐ Addition

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CITY & STATE

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NAME
STREET ADDRESS
CITY & STATE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and equally for the incorporation stated in Section 607.06(5), Florida Statutes. I further certify that the information is correct as the annual report or supplemental annual report is true and correct 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 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 changed or new attachments with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/95

109 260 9305

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **J74124** (5)

1. Corporation Name

TREASURE COAST INC.

DATE: 04/29/1995

JOHN DAY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4600 ROCKY POINT WAY
P O BOX 1220
STUART FL 34997
US**

Mailing Address
**PO BOX 1220
P O BOX 1220
PORT SALERNO FL 34992-1220
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1987** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2838485** 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. 193.03, Florida 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. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

**MILLER, MICHAEL F.
4600 ROCKY POINT WAY
STUART FL 34997**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P O Box Number is Not Acceptable)
83. City
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0504, Florida Statutes.

SIGNATURE

(If officer or director, sign name and title of officer or director)

(If not officer or director, sign name and title of person authorized to sign)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME **VP**
MILLER, MICHAEL F.
4600 ROCKY POINT WAY
STUART FL
12.2 NAME
12.3 NAME
12.4 NAME
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13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition
13.2 NAME
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13.99 NAME
13.100 NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the membership stated in Section 193.03(4)(b), Florida Statutes. I further certify that the information was filed on the annual report or supplemental annual report, 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 1, or Block 1, of the report, or on an affidavit with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-995

402 0882900