

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 1995
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J99883** (7)
1. Corporation Name:
OFFSHORE PRODUCTIONS, INC.

Principal Place of Business: **C/O RICHARD E. JEFFREYS
8548 SHADY GLEN DRIVE
ORLANDO FL 32819**
Mailing Address: **C/O RICHARD E. JEFFREYS
8548 SHADY GLEN DRIVE
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/30/1987** 3a. Date of Last Report: **08/10/1994**
4. FEI Number: **59-2856547** 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 advertising for October 5, 1994: Florida Statute No Yes

2. Principal Place of Business: 2a. Mailing Address:
21. State: Apt. # etc.: 26. Suite, 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:
**JEFFREYS, RICHARD E.
8548 SHADY GLEN DRIVE
ORLANDO FL 32819**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number Not Applicable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for public use in the State of Florida. Such change was authorized by the corporation's board of directors, if any, or by the appointment as registered agent of an individual and a copy of the appropriate articles and resolutions, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	D
1. NAME	JEFFREYS, RICHARD E.
2. STREET ADDRESS	8548 SHADY GLEN DR.
3. CITY & STATE	ORLANDO FL
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

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

14. I, the board, certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 607.01(4)(b), Florida Statutes. I further certify that the information does not on this filing request or report total minimum report as true and accurate and that my signature shall favor the same registered office. I also certify that I am an officer or director of the corporation for the purpose or purposes represented to occur on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment to this report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
RICHARD E. JEFFREYS, PRESIDENT

407-351-5447

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Marshall
Secretary of State
1995

APPROVED
AND
FILED

DOCUMENT # **K00511** (1)

1. Corporation Name
GDP DESIGN & CONSTRUCTION, INC.

APR 21 1995 9:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Previous Name of Corporation: _____
 1221 E. ROBINSON STREET
 ORLANDO FL 32801

Previous Address: _____
 1221 E. ROBINSON STREET
 ORLANDO FL 32801

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated (or qualified) **11/03/1987** 3a. Date of Last Report **05/01/1994**

4. FTA Number **59-2901758** 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. 199.032 Florida Statutes: Yes No

2. Date of Incorporation (or qualification) **21** 2a. Mailing Address **26**

22. State of Incorporation (or qualification) **27**

23. City & State **28**

24. Country **29** 30. Country **30**

9. Name and Address of Current Registered Agent

FONG, GEORGE
1221 E. ROBINSON 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 _____ 85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the implications of section 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
12.1 NAME STREET ADDRESS CITY & STATE	DP FONG, GEORGE 7800 FERNBROOK WAY WINTER PARK FL	13.1 1. NAME 2. STREET ADDRESS 3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY & STATE		13.2 2. NAME 3. STREET ADDRESS 4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY & STATE		13.3 3. NAME 4. STREET ADDRESS 5. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY & STATE		13.4 4. NAME 5. STREET ADDRESS 6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY & STATE		13.5 5. NAME 6. STREET ADDRESS 7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY & STATE		13.6 6. NAME 7. STREET ADDRESS 8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME STREET ADDRESS CITY & STATE		13.7 7. NAME 8. STREET ADDRESS 9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME STREET ADDRESS CITY & STATE		13.8 8. NAME 9. STREET ADDRESS 10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, _____, certify that the information supplied with this filing is voluntarily furnished and is true, and qualify for the corporation stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information submitted in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I certify that I am an officer or director of the corporation or that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 12 or Block 13 of this report or as an additional entry with an address.

SIGNATURE: *George Fong* **GEORGE FONG** 4/28/95 (407)898-4080

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CAROL B. MATHIAS
GOVERNOR
TALLAHASSEE, FLORIDA 32304

APPROVED
11/10

11/10
STATE
CLEARWATER, FLORIDA

DOCUMENT # **K01030** (1)

1. Corporation Name
JOHNSON BOULEVARD CORPORATION

Principal Place of Business: **18167 US HWY 19 N, STE. 660, CLEARWATER FL 34624 US**
Mailing Address: **18167 US HWY. 19 N, STE. 660, CLEARWATER FL 34624 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2857064	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State: FL	26. Mailing Address State: FL
22. City & State	27. City & State
23. City & State	28. City & State
24. ZIP	25. ZIP
29. ZIP	30. ZIP

9. Name and Address of Current Registered Agent JOHNSON, RICHARD C. 18167 US 19 N, STE 300 CLEARWATER FL 34624		10. Name and Address of New Registered Agent	
B1. Name		B2. Street Address (P.O. Box Number is Not Applicable)	
B3.		B4. City	
		B5. Zip Code FL	

11. Pursuant to the provisions of Sections 607.04(2) and 607.12(2)(b) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(2)(b) Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE DP	1. NAME JOHNSON, RICHARD C.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 1850 COUNTY RD 193 CLEARWATER FL	2. STREET ADDRESS	1.1.1 STREET ADDRESS	
3. CITY & STATE FL	3. CITY & STATE	1.1.2 CITY & STATE	
4. TITLE D	4. NAME MOHNEY, MARILYN J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS 7901 SEMINOLE BLVD. SEMINOLE FL	5. STREET ADDRESS	2.1.1 STREET ADDRESS	
6. CITY & STATE FL	6. CITY & STATE	2.1.2 CITY & STATE	
7. TITLE S	7. NAME JOHNSON, KELLY R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS 1860 COUNTY RD.193 CLEARWATER FL	8. STREET ADDRESS	3.1.1 STREET ADDRESS	
9. CITY & STATE FL	9. CITY & STATE	3.1.2 CITY & STATE	
10. TITLE	10. NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS	4.1.1 STREET ADDRESS	
12. CITY & STATE	12. CITY & STATE	4.1.2 CITY & STATE	
13. TITLE	13. NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	14. STREET ADDRESS	5.1.1 STREET ADDRESS	
15. CITY & STATE	15. CITY & STATE	5.1.2 CITY & STATE	
16. TITLE	16. NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	17. STREET ADDRESS	6.1.1 STREET ADDRESS	
18. CITY & STATE	18. CITY & STATE	6.1.2 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 Section 199.02(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 1/2 or Block 1/3 of changed or new attachments with an address.

SIGNATURE: (Signature of Officer or Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Kelley Johnson

April 28, 1995 813-530-5522
DATE TIME