

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K05862** (3)

K & M ENTERPRISES, INC.

Principal Place of Business: **% TOMMY ALLEN HARRELL
1450 SW 21ST AVE
OCALA FL 32674**

Mailing Address: **% TOMMY ALLEN HARRELL
1450 SW 21ST AVE
OCALA FL 32674**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1987	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 59-2862043	Applied For <input type="checkbox"/> Not Applicable
22	State Apt #, etc	27	State Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	City	29	City	8. This corporation has authority for adoption of Chapter 1992, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRELL, TOMMY ALLEN 1450 SW 21ST AVE OCALA FL 34474				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

11. Pursuant to the provisions of Sections 199.01, 199.02, 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 obligations of Section 607.1509, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1	NAME PD HARRELL, TOMMY ALLEN STREET ADDRESS 1450 SW 21ST AVE CITY, ST, ZIP OCALA FL	13-1	1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2		13-2	2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3		13-3	3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4		13-4	4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5		13-5	5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6		13-6	6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7		13-7	7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8		13-8	8. NAME <input type="checkbox"/> Change <input type="checkbox"/> 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 199.02(2)(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 the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or supplemental report, in the address.

SIGNATURE: *Tommy A. Harrell*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/28/95 - (904) 351-1468
Date Date

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanna B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # **K07104** (8)

1. Corporation Name
MICHAEL J. PHILPOT & COMPANY

Principal Place of Business: **9926 SW 193RD ST. MIAMI FL 33157**
Mailing Address: **9926 SW 193RD ST. MIAMI FL 33157**

COMMUNICATIONS
LINDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1987	3b. Date of Last Report 04/21/1994
21	Subs. Apt. # (if)	26	Subs. Apt. # (if)	4. FCI Number 65-0018916	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Courts	29	Courts	7. This corporation has liability for delinquent tax under § 136.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PHILPOT, MICHAEL J. 9926 SW 193RD ST. MIAMI FL 33157				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.002 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: _____ (Signature of Registered Agent or authorized representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
12-1	D NAME: PHILPOT, MICHAEL J. STREET ADDRESS: 9926 SW 193RD ST. CITY, ST., ZIP: MIAMI FL	13-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2	D NAME: LEON, CORALEE STREET ADDRESS: 9926 SW 193RD ST. CITY, ST., ZIP: MIAMI FL	13-2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3		13-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4		13-4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5		13-5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6		13-6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7		13-7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8		13-8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(6), 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 on the certificate that I am an officer or director of the corporation or the recipient of a foreign corporation to file this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **4-12-95** (305) 253-9754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

APR 10 1996
9:51 AM - 11:42
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K07940** (5)

1. Corporation Name
AZALEA OAKS, INC.

Principal Place of Business: **% RAYMOND WILLIAM RICHARDSON
P.O. BOX 699
LADY LAKE FL 32158**

Mailing Address: **% RAYMOND WILLIAM RICHARDSON
P.O. BOX 699
LADY LAKE FL 32158**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Chartered	3b. Date of Last Report
21	State, Apt. #, etc.	26	State, Apt. #, etc.	01/01/1988	05/01/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	File	28	City & State	59-2863574	Not Applicable
24	Class	29	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Class	30	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for misstatements under § 609.004, Florida Statutes	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RICHARDSON, RAYMOND WILLIAM P.O. BOX 699 LAKE VIEW ROAD LADY LAKE FL 32659				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

11. Pursuant to the provisions of Sections 607.02(1) and (2) and 609, 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 provisions of Section 607, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	DP RICHARDSON, RAYMOND W. 38740 LAKEVIEW DR. LADY LAKE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
OFFICER	V RICHARDSON, JAMES C. 1113 SUNSHINE AVE. LEESBURG FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
OFFICER	TS RICHARDSON, BETTY M. 38740 LAKEVIEW DR. LADY LAKE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
OFFICER		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
OFFICER		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
OFFICER		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is substantially true and correct 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 officer 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 as an attachment with an address.

SIGNATURE: James C. Richardson Vice President 5/1/95 904-753-2388
 (Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)

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CORPORATION
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1995



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

DOCUMENT # **K08225** (0)

1. Corporation Name
BETTER BUSINESS BUILDERS, INC.

Principal Place of Business: **101 MARINER WAY MAITLAND FL 32751**
Mailing Address: **P.O. BOX 1658 WINTER PARK FL 32790-1658**

APPROVED
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Quarter		3a. Date of Last Report	
21		26		12/18/1987		08/10/1994	
22 Suite, Apt. # etc.		27 Suite, Apt. # etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2861324		Not Applicable	
24 Zip		29 Country		30 Country		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	
						B. This corporation has liability for intangible tax under the 1991 U.S. Florida Statutes	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, THOMAS G. 101 MARINER WAY MAITLAND FL 32751				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		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 607.0505, Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent or Registered Office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P DAVIS, THOMAS G. 101 MARINER WAY MAITLAND FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY, ST, ZIP		14 CITY, ST, ZIP	
15 TITLE		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		16 NAME	
17 STREET ADDRESS	17 STREET ADDRESS	17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 CITY, ST, ZIP	18 CITY, ST, ZIP	18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	19 TITLE	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	20 NAME	20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS	21 STREET ADDRESS	21 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 CITY, ST, ZIP	22 CITY, ST, ZIP	22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	23 TITLE	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	24 NAME	24 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 STREET ADDRESS	25 STREET ADDRESS	25 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 CITY, ST, ZIP	26 CITY, ST, ZIP	26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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(2)(g), Florida Statutes. I further certify that the information included in this filing 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 filing.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 407-647-3990