

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **K08595** (6)

95 MAY -1 AM 11:54

1. Generator Name
BLUEGRASS CONSTRUCTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1819 WATROUS AVENUE **1819 WATROUS AVENUE**
P.O. BOX 3251 **P.O. BOX 3251**
TAMPA FL 33606 **TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2866985	Applied For <input type="checkbox"/> 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. 199.007 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. City	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. City	24. City	25. State	29. City	30. State
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9. Name and Address of Current Registered Agent
NETZLER, DAVID E.
1819 WATROUS AVENUE
TAMPA FL 33606

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 607.0500 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: _____ Title: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NETZLER, DAVID E.
STREET ADDRESS	1819 WATROUS AVENUE
CITY, ST, ZIP	TAMPA FL
TITLE	STD
NAME	NETZLER, SHERRY
STREET ADDRESS	1819 WATROUS AVENUE
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the board, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.007, 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 of this record or have been 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: *Sherry Morfitt*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/27/95
Date

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Whitman
Secretary, State
DIVISION OF CORPORATIONS

APPROVED

COMM. # 111142

SECRET
TALLahassee, FLORIDA

DOCUMENT # **K09409** (9)

1. Corporation Name

DANNY M. FARMER, M. D., P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% DANNY F. FARMER **% DANNY F. FARMER**
570 MEMORIAL CIR **570 MEMORIAL CIR**
ORMOND BEACH FL 32174-5056 **ORMOND BEACH FL 32174-5056**

3. Date Incorporated or Qualified **01/01/1988** 3a. Date of Last Report **05/01/1994**

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

4. FEI Number **59-2863130** 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 1993 Fla. Statutes Yes No

9. Name and Address of Current Registered Agent
FARMER, DANNY F.
570 MEMORIAL CIR.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	NAME FARMER, DANNY M., MD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 570 MEMORIAL CIR.	CITY, ST, ZIP ORMOND BEACH FL	2. NAME	
TITLE D	NAME FARMER, DANNY M., MD	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 570 MEMORIAL CIR.	CITY, ST, ZIP ORMOND BEACH FL	4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6. NAME	
TITLE	NAME	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	10. NAME	
TITLE	NAME	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	12. 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 119.02(1)(g), Florida Statutes. I further certify that the information indicated on the 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 at the time of the receipt of the above information and that I am qualified to receive this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 13 of this report. If it is changed, it can be attached with an address.

SIGNATURE: *[Signature]* 4/30/95 904.677-3642