

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K54661** (9)
1. Corporation Name
THERMOCOR KIMMINS, INC.

Principal Place of Business Mailing Address
1501 2ND AVE E 1501 2ND AVE E
TAMPA FL 33605 TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2924523** 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. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City 25 Country 29 City 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JOSEPH M
1501 E. SECOND AVENUE
TAMPA FL 33605

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607 (0502), Florida Statutes.

SIGNATURE

Signature of Agent's preferred name, as registered agent, in the State of Florida.

Signature of Registered Agent, as registered agent, in the State of Florida.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **D**
NAME **WILLIAMS, JOSEPH M.**
STREET ADDRESS **1501 2ND AVENUE**
CITY, ST., ZIP **TAMPA FL**
1. TITLE **PD**
NAME **ANDREWS, THOMAS C.**
STREET ADDRESS **256 3RD STREET**
CITY, ST., ZIP **NIAGARA FALLS NY**
1. TITLE **ST**
NAME **DOMINIAK, NORMAN S**
STREET ADDRESS **1501 2ND AVENUE**
CITY, ST., ZIP **TAMPA FL**
1. TITLE **V**
NAME **LANIER, JOHN**
STREET ADDRESS **256 3RD ST**
CITY, ST., ZIP **NIAGARA FALLS NY**
1. TITLE **V**
NAME **OBRIEN, MICHAEL**
STREET ADDRESS **1501 E 2ND AVE**
CITY, ST., ZIP **TAMPA FL**
1. TITLE **V**
NAME **RADEL, RICHARD R**
STREET ADDRESS **256 THIRD STREET**
CITY, ST., ZIP **NIAGARA FALLS NY**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP
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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
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1.1 TITLE
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1.4 CITY, ST., ZIP
Change Addition

Delete
Radel, Richard R.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman S. Dominiak

4-25-95

813-248-3878

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
January 4, 1996 (FATS 1995)

APPROVED
AND
FILED

JAN 11 1996

STATE
FORT WALTON BEACH, FLORIDA

DOCUMENT # **K55285**

(6)

1. Corporation Name
ORTHOPAEDIC ASSOCIATES, P.A.

Principal Place of Business: **928 D MARWALT DR
909 MAR-WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547
US**
Mailing Address: **928 D MARWALT DR
909 MAR-WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation in Jurisdiction: **12/29/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2921954**
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 199 Florida Statutes: ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent
**MARSHALL, WILLIAM R
928 D MARWALT DR
SUITE 1014
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
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84. City: **FL** 85. Zip Code:
86. State:
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E NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K55416**

(7)

To: Corporation Name

JIMBO'S LAWN SERVICE, INC.

Principal Place of Business

505 19TH ST
ORLANDO FL 32801
US

Mailing Address

1713 WIND WILLOW ROAD
ORLANDO FL 32809

(EXCEPT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **01/01/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0092417** 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. This corporation has liability for enterprise under S. 194 (1)(2) Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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9. Name and Address of Current Registered Agent

**LEMONAKIS, KIMBERLY D.
1713 WIND WILLOW ROAD
ORLANDO FL 32809**

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 607.01(2) and 607.1506, Florida Statutes, this 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 this appointment as registered agent. I am hereby accepting the obligations of sections 607.01(2) Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office or Registered Agent

Signature of Registered Agent for Change of Registered Office or Registered Agent

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	PD LEMONAKIS, JAMES M.
12.2	STREET ADDRESS	1713 WIND WILLOW ROAD
12.3	CITY & STATE	ORLANDO FL
12.4	NAME	
12.5	STREET ADDRESS	
12.6	CITY & STATE	
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY & STATE	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY & STATE	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY & STATE	

13.1	NAME		☐ Change ☐ Addition
13.2	STREET ADDRESS		
13.3	CITY & STATE		
13.4	NAME		☐ Change ☐ Addition
13.5	STREET ADDRESS		
13.6	CITY & STATE		
13.7	NAME		☐ Change ☐ Addition
13.8	STREET ADDRESS		
13.9	CITY & STATE		
13.10	NAME		☐ Change ☐ Addition
13.11	STREET ADDRESS		
13.12	CITY & STATE		
13.13	NAME		☐ Change ☐ Addition
13.14	STREET ADDRESS		
13.15	CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(g), Florida Statutes. I further certify that the information is stated 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 liquidator appointed to oversee the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICE OR DIRECTOR

Kimberly Lemonakis

4/28/95 8:57:37H (407)