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 TAMPA FL 33605	1501 2ND AVE E 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**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: ZIP — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: ZIP — 29: Country — 30

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

9. Name and Address of Current Registered Agent

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

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 Section(s) 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	WILLIAMS, JOSEPH M.	12 NAME	
13 STREET ADDRESS	1501 2ND AVENUE	13 STREET ADDRESS	
14 CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
21 TITLE	PD	21 TITLE	☐ Change ☐ Addition
22 NAME	ANDREWS, THOMAS C.	22 NAME	
23 STREET ADDRESS	256 3RD STREET	23 STREET ADDRESS	
24 CITY ST ZIP	NIAGRA FALLS NY	24 CITY ST ZIP	
31 TITLE	ST	31 TITLE	☐ Change ☐ Addition
32 NAME	DOMINIAK, NORMAN S	32 NAME	
33 STREET ADDRESS	1501 2ND AVENUE	33 STREET ADDRESS	
34 CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
41 TITLE	V	41 TITLE	☐ Change ☐ Addition
42 NAME	LANIER, JOHN	42 NAME	
43 STREET ADDRESS	256 3RD ST	43 STREET ADDRESS	
44 CITY ST ZIP	NIAGARA FALLS NY	44 CITY ST ZIP	
51 TITLE	V	51 TITLE	☐ Change ☐ Addition
52 NAME	OBRIEN, MICHAEL	52 NAME	
53 STREET ADDRESS	1501 E 2ND AVE	53 STREET ADDRESS	
54 CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
61 TITLE	V	61 TITLE	Delete ☐ Change ☐ Addition
62 NAME	RADEL, RICHARD R	62 NAME	Radel, Richard R.
63 STREET ADDRESS	256 THIRD STREET	63 STREET ADDRESS	
64 CITY ST ZIP	NIAGARA FALLS NY	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 above, or on an attachment with an address.

SIGNATURE: *Norman S. Dominiak* 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date

813-248-3878
Daytime Phone #

0291178 CP

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

DOCUMENT # K55285 (6)

1. Corporate 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 Incorporated or Qualified: 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 s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (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)
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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARSHALL, WILLIAM R.
STREET ADDRESS	928-D MAR WALT DR
CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	D
NAME	DLABAL, THOMAS A.
STREET ADDRESS	928-D MAR WALT DR
CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	D
NAME	MACEY, THEODORE I.
STREET ADDRESS	928-D MAR WALT DR
CITY-ST-ZIP	FT WALTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D (☒ Addition)
NAME	J. MICHAEL GLENN
STREET ADDRESS	928-D MARWALT DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

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(3)(i), 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 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 if changed, or on an attachment with an address.

SIGNATURE: W. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
504-863-2453

CR

£ 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
FILED

DOCUMENT # **K55416** **(7)**

1. Corporation Name
JIMBO'S LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
505 19TH ST ORLANDO FL 32801 US	1713 WIND WILLOW ROAD ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number	Applied For
65-0092417	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. The corporation is subject to the provisions of Chapter 617, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEMONAKIS, KIMBERLY D. 1713 WIND WILLOW ROAD ORLANDO FL 32809	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 Section 607.0501 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
PD LEMONAKIS, JAMES M. 1713 WIND WILLOW ROAD ORLANDO FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), 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 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 if changed or added above or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Kimberly Lemonakis 4/22/95 (407) 857-3774
DATE TELEPHONE NUMBER

0089089 CP