FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # K54975 (3)

1. Corporate Name
SHELTON PERFORMANCE CARS, INC.

Principal Place of Business
5740 N FEDERAL HWY
FT. LAUDERDALE FL 33308

Mailing Address
5740 N FEDERAL HWY
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt # etc
27
City & State
28
29 30

4. FEI Number: 65-0088508
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/has not elected to be taxed as an "S" corporation under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHELTON, THOMAS M.
5740 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

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 607.0505 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 (If changing registered agent, Registered Agent must sign) (If changing registered agent, new registered agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHELTON, THOMAS M.	12 NAME	
STREET ADDRESS	5750 N. FEDERAL HWY.	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHELTON, STEPHEN H.	22 NAME	
STREET ADDRESS	5750 N. FEDERAL HWY.	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 the 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 added blank Block 12 or Block 13.

SIGNATURE: Thomas M. Shelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0218718 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

DOCUMENT # K55755 (8)

1. Corporate Name
PROLINE TILE DISTRIBUTORS, INC.

Principal Place of Business
4075 LAMSON AVE
SPRING HILL FL 34608

Mailing Address
4075 LAMSON AVE
SPRING HILL FL 34608

FILED
95 MAY 30 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/28/1988
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

City & State 23
City & State 28

24 25 29 30

4. FEI Number: NOT APPLICABLE
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

KLIMIS, GEORGE N.
30 NORTH RINC AVE.
STE. 400
TARPON SPRINGS FL 34689

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 607.0505 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 *
(If changing registered agent, registered agent must sign here.) (If changing registered agent, registered agent must sign here.) (Date)

12. OFFICER AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTORS	
01 Title	D	01 Title	[ ] Change [ ] Addition
02 Name	BISARD, RAY	02 Name	
03 Street Address	1010 CITATION AVE	03 Street Address	
04 City, St, Zip	SPRING HILL FL	04 City, St, Zip	
05 Title	D	05 Title	[ ] Change [ ] Addition
06 Name	BISARD, SANDRA	06 Name	
07 Street Address	1010 CITATION AVE	07 Street Address	
08 City, St, Zip	SPRING HILL FL	08 City, St, Zip	
09 Title		09 Title	[ ] Change [ ] Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	[ ] Change [ ] Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	[ ] Change [ ] Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	[ ] Change [ ] Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 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 119.07(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 (*).

SIGNATURE: Sandra Bisard SANDRA BISARD Dir. 5/01/95 (904)683-5247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340828 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
95 MAY ... PM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56427 (3)

1. Corporate Name
WOOD WASTE RECYCLING, INC.

Principal Place of Business
4965 NEW TAMPA HIGHWAY
LAKELAND FL 33801

Mailing Address
4965 NEW TAMPA HIGHWAY
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2928341 — 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; 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

9. Name and Address of Current Registered Agent

NYMARK, DENNIS V
110 ~~102~~ S PEBBLE BCH BLVD
~~STE B-109~~
SUN CITY CTR FL 33573

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 110 S. Pebble Beach Blvd
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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COX, VIRGINIA V.
STREET ADDRESS	152 WHITMAN RD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition; all blank)

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(1)(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: Virginia V Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 Date — 813 683 7266 Daytime Phone #

0312693 CP