

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
Division of CORPORATIONS

DOCUMENT # K70875

(5)

1. Corporation Name:

THE STONEHURST ORGANIZATION FB, INC.

Principal Place of Business:

**1 S.E. 3RD AVENUE
SUITE 1500
MIAMI FL 33131**

Mailing Address:

**1 S.E. 3RD AVENUE
SUITE 1500
MIAMI FL 33131**

**APPROVED
AND
FILED**

55 MAY 23 11:10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1989	3a. Date of Last Report 08/26/1994
4. FEI Number 65-0130710	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
6. This corporation has liability for changing law under § 135.022 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**CALVAR, DENISE
1 S.E. 3 AVENUE, SUITE 1500
MIAMI FL 33131**

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 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as is in the State of Florida. Each 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME 1.1 NAME 1.2 STREET ADDRESS 1.3 CITY, ST, ZIP	D MIOT, SANFORD 1 S.E. 3 AVENUE STE 1500 MIAMI FL	1.1 NAME 1.2 STREET ADDRESS 1.3 CITY, ST, ZIP	☐ Change ☐ Addition
2. NAME 2.1 NAME 2.2 STREET ADDRESS 2.3 CITY, ST, ZIP		2.1 NAME 2.2 STREET ADDRESS 2.3 CITY, ST, ZIP	☐ Change ☐ Addition
3. NAME 3.1 NAME 3.2 STREET ADDRESS 3.3 CITY, ST, ZIP		3.1 NAME 3.2 STREET ADDRESS 3.3 CITY, ST, ZIP	☐ Change ☐ Addition
4. NAME 4.1 NAME 4.2 STREET ADDRESS 4.3 CITY, ST, ZIP		4.1 NAME 4.2 STREET ADDRESS 4.3 CITY, ST, ZIP	☐ Change ☐ Addition
5. NAME 5.1 NAME 5.2 STREET ADDRESS 5.3 CITY, ST, ZIP		5.1 NAME 5.2 STREET ADDRESS 5.3 CITY, ST, ZIP	☐ Change ☐ Addition
6. NAME 6.1 NAME 6.2 STREET ADDRESS 6.3 CITY, ST, ZIP		6.1 NAME 6.2 STREET ADDRESS 6.3 CITY, ST, ZIP	☐ Change ☐ Addition
7. NAME 7.1 NAME 7.2 STREET ADDRESS 7.3 CITY, ST, ZIP		7.1 NAME 7.2 STREET ADDRESS 7.3 CITY, ST, ZIP	☐ Change ☐ Addition
8. NAME 8.1 NAME 8.2 STREET ADDRESS 8.3 CITY, ST, ZIP		8.1 NAME 8.2 STREET ADDRESS 8.3 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 339.01(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 receiver or trustee empowered to make the filing as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2, or Block 3 of a change of name or an addition with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

51095 305377-180V

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

CORPORATION
ANNUAL REPORT
1995



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

RECEIVED
MAY 10 1995

FILED
MAY 10 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **K71569**

(3)

1. Corporation Name

BRIGNA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/09/1989**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. State Apt. # etc.		26. State Apt. # etc.		59-2939200		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24. City & State		29. City & State		8. This corporation has liability for mortgage tax under S. 199.06, Florida Statutes.		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**BRANCATO, ANTHONY S.
3438 EAST LAKE ROAD
SUITE 14-644
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.04(1)(a) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 a resident of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D BRANCATO, ANTHONY S. 50 CAMELIA CT OLDSMAR FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	DV BRANCATO, GEORGINE E 50 CAMELIA CT. OLDSMAR FL	2. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		3. CITY & STATE	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 3.01(2)(b) Florida Statutes. Further, I certify that the officer indicated on this annual report or supplemental annual report is, in fact, an officer 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report or on a supplemental report with an address.

SIGNATURE:

Georgine E. Brancato
Georgine E. BRANCATO
VICE PRESIDENT

(810) 786-7122

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

APPROVED

FILED

1995 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K72089

(1)

1. Corporation Name

REDIKER DRYWALL, INC.

Principal Place of Business

**201 NE 10TH STREET
OKEECHOBEE FL 34972**

Mailing Address

**201 NE 10TH STREET
OKEECHOBEE FL 34972**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
03/03/1989

3a. Date of Last Report
02/25/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FFI Number

65-0124437

Applied For

Not Applicable

State Apt. # etc.

22

State Apt. # etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

County

25

Zip

29

County

30

8. The corporation has liability for intangible tax under S. 199.13, Florida Statutes.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REDIKER, JACKIE
201 NE 10TH STREET
OKEECHOBEE FL 34972**

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)(b) 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 607.01(2)(b), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the registered agent's authorized representative

Signature of the person who is the registered agent or the registered agent's authorized representative

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDRESSES CHANGED TO OFFICERS AND DIRECTORS

ADDRESSES CHANGED TO OFFICERS AND DIRECTORS

14. NAME

**PD
REDIKER, JACKIE
201 NE 10 STREET
OKEECHOBEE FL**

15. NAME

**ST
REDIKER, MELINDA
201 NE 10TH ST.
OKEECHOBEE FL**

16. NAME

**ST
REDIKER, MELINDA
201 NE 10TH ST.
OKEECHOBEE FL**

17. NAME

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REDIKER, MELINDA
201 NE 10TH ST.
OKEECHOBEE FL**

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201 NE 10TH ST.
OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

43. NAME

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

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OKEECHOBEE FL**

48. NAME

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REDIKER, MELINDA
201 NE 10TH ST.
OKEECHOBEE FL**

49. NAME

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REDIKER, MELINDA
201 NE 10TH ST.
OKEECHOBEE FL**

50. NAME

**ST
REDIKER, MELINDA
201 NE 10TH ST.
OKEECHOBEE FL**

SIGNATURE: JACKIE REDIKER SR, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT

5/1/95

(813) 467-1874

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

APPROVED
AND
FILED

50 MAY 22 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K72892** (8)

1. Corporation Name:

SHEEP'S CLOTHING, INC.

Principal Place of Business:

**2661 W. 76TH ST.
HALEAH FL 33016
US**

Mailing Address:

**2661 W. 76TH ST.
HALEAH FL 33016
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1989** 3a. Date of Last Report **07/26/1994**

4. FEI Number **65-0110200** 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. 190.02, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

21

2a. Mailing Address:

26

State: Apt. # etc.

22

State: 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

10. Name and Address of New Registered Agent

**DAYE, ALEXANDER
7010 NW 188TH ST.
#219
MIAMI FL 33015**

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 607.0902 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 satisfied with, and accept the responsibility of, Section 607.0903, Florida Statutes.

SIGNATURE:

(Signature of Current Registered Agent or Agent for Service)

(Signature of New Registered Agent or Agent for Service)

At:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. TITLE:	P
12b. NAME:	DAYE, ALEXANDER
12c. STREET ADDRESS:	71010 NW 188TH ST., #219
12d. CITY & STATE:	MIAMI FL
12e. TITLE:	VP
12f. NAME:	FECHE, ROBERT M JR.
12g. STREET ADDRESS:	11201 SW 55TH ST, BOX 250
12h. CITY & STATE:	MIRAMAR FL
12i. TITLE:	
12j. NAME:	
12k. STREET ADDRESS:	
12l. CITY & STATE:	
12m. TITLE:	
12n. NAME:	
12o. STREET ADDRESS:	
12p. CITY & STATE:	
12q. TITLE:	
12r. NAME:	
12s. STREET ADDRESS:	
12t. CITY & STATE:	

13a. TITLE:	☒ Change ☐ Addition
13b. NAME:	
13c. STREET ADDRESS:	1540 S W 116 AVE
13d. CITY & STATE:	PEMBROKE PINES FL 33025
13e. TITLE:	☐ Change ☐ Addition
13f. NAME:	
13g. STREET ADDRESS:	
13h. CITY & STATE:	
13i. TITLE:	☐ Change ☐ Addition
13j. NAME:	
13k. STREET ADDRESS:	
13l. CITY & STATE:	
13m. TITLE:	☐ Change ☐ Addition
13n. NAME:	
13o. STREET ADDRESS:	
13p. CITY & STATE:	
13q. TITLE:	☐ Change ☐ Addition
13r. NAME:	
13s. STREET ADDRESS:	
13t. CITY & STATE:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information is located on this annual report or supplemental annual report as 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 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 report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER DAYE

5/15/95

(305) 826 4250