**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 23 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K74483 (4)

1. Corporation Name
NO-AND, INC.

Principal Place of Business
8 S.E. 8TH ST.
FT. LAUDERDALE FL 33316

Mailing Address
8 S.E. 8TH ST.
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 03/22/1989 | 08/02/1994 |

4. FEI Number: 65-0112979 [ ] 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**

WHITE, H. TAYLOR
8 S.E. 8TH ST.
FT. LAUDERDALE FL 33316

**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 617.0502, 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 | |
|---|---|---|---|
| TITLE | PSD | 11 TITLE | [ ] Change [ ] Addition |
| NAME | WHITE, H. TAYLOR | 12 NAME | |
| STREET ADDR | 8 SE 8 ST. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 14 CITY-ST-ZIP | |
| TITLE | VPT | 21 TITLE | [ ] Change [ ] Addition |
| NAME | WHITE, BETTY | 22 NAME | |
| STREET ADDR | 8 WE 8 ST. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | [ ] Change [ ] Addition |
| NAME | | 32 NAME | |
| STREET ADDR | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | [ ] Change [ ] Addition |
| NAME | | 42 NAME | |
| STREET ADDR | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | 52 NAME | |
| STREET ADDR | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | 62 NAME | |
| STREET ADDR | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 if changed, or on an attachment with an address.

**SIGNATURE:** H Taylor White (H. TAYLOR WHITE) 5-17-95 305 463-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0224667 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # K74873 (6)

1. Corporation Name

Z & T, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOSEPH W. CADMAN<br>9115 BATON ROUGE DRIVE<br>ORLANDO FL 32818-9054 | C/O JOSEPH W. CADMAN<br>9115 BATON ROUGE DRIVE<br>ORLANDO FL 32818-9054 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3273 FURLONG WAY | 26 3273 FURLONG WAY |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 GOTHA FL. | City & State 28 GOTHA FL. |
| Zip 24 34734 County 25 ORANGE | Zip 29 34734 County 30 ORANGE |

3. Date Incorporated or Qualified: 03/23/1989
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-2935984 — 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. Florida Statutes [ ] Yes [ ] No

**9. Name and Address of Current Registered Agent**

CADMAN, JOSEPH W.
9115 BATON ROUGE DRIVE
ORLANDO FL 32818

**10. Name and Address of New Registered Agent**

81 Name: CADMAN, JOSEPH W.
82 Street Address (P.O. Box Number is Not Acceptable): 3273 FURLONG WAY
83
84 City: GOTHA FL 85 Zip Code: 34734

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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: Joseph W. Cadman

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TITLE | D | TITLE | D [ ] Change [ ] Addition |
| NAME | CADMAN, JOSEPH W. | NAME | CADMAN JOSEPH W. |
| STREET ADDRESS | 9115 BATON ROUGE DRIVE | STREET ADDRESS | 3273 FURLONG WAY |
| CITY-ST-ZIP | ORLANDO FL | CITY-ST-ZIP | GOTHA FL. 34734 |
| TITLE | D | TITLE | D [ ] Change [ ] Addition |
| NAME | CADMAN, VICTORIA A. | NAME | CADMAN, VICTORIA A. |
| STREET ADDRESS | 9115 BATON ROUGE DRIVE | STREET ADDRESS | 3273 FURLONG WAY |
| CITY-ST-ZIP | ORLANDO FL | CITY-ST-ZIP | GOTHA FL. 34734 |
| TITLE | | TITLE | [ ] Change [ ] Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | [ ] Change [ ] Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | [ ] Change [ ] Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | [ ] Change [ ] Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntary, 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:** Joseph W. Cadman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 (407) 299-5959

0060876 CP

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K75983 (2)

1. Corporation Name

H. HAFER INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| ELISABETH A. FREIMANN<br>461 KIRK ROAD BLDG. 1-D<br>W PALM BCH FL 33406 | ELISABETH A. FREIMANN<br>461 KIRK ROAD BLDG. 1-D<br>W PALM BCH FL 33406 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1989
3a. Date of Last Report: 05/26/1994
4. FEI Number: 65-0108377 — 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 owes intangible tax under Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address

21 / 26
22 Suite, Apt. # etc. / 27 Suite, Apt. # etc.
23 City & State / 28 City & State
24 / 25 / 29 / 30

**9. Name and Address of Current Registered Agent**

FREIMANN, ELISABETH A.
461 KIRK RD
BLDG. 1-D
W PALM BCH FL 33406

**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 617.0502, 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| TITLE | D |
|---|---|
| NAME | HAFER, HORST |
| STREET ADDRESS | 461 KIRK RD BLDG. 1-D |
| CITY-ST-ZIP | W PALM BCH FL |
| TITLE | D |
| NAME | HAFER, MARLIS |
| STREET ADDRESS | 461 KIRK RD BLDG. 1-D |
| CITY-ST-ZIP | W PALM BCH FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(e), 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: X H. Hafer Horst Hafer, Director 5/6/95 407/655-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0246033 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 22 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76276 (0)

1. Corporation Name
H2O ENVIRONMENTAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1061 WEST OAKLAND PARK BLVD.<br>FT LAUDERDALE FL 33311 | 1061 WEST OAKLAND PARK BLVD.<br>FT LAUDERDALE FL 33311 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1989
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0111735 ☐ 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 | 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 | 10. Name and Address of New Registered Agent |
|---|---|
| MILLER, MARK<br>1436 N.E. 55TH STREET<br>FORT LAUDERDALE FL 33334 | 81 Name: Miller, Mark<br>82 Street Address (P.O. Box Number is Not Acceptable): 3300 N. Port Royal Drive #301<br>83<br>84 City: Fort Lauderdale FL 85 Zip Code: 33308 |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | D/C/S/T ☒ Change ☐ Addition |
| NAME | MILLER, MARK | 12 NAME | Miller, Mark |
| STREET ADDRESS | 1436 N.E. 55TH STREET | 13 STREET ADDRESS | 3300 N. Port Royal Drive #301 |
| CITY ST ZIP | FORT LAUDERDALE FL | 14 CITY ST ZIP | Fort Lauderdale, FL 33308 |
| TITLE | DV | 21 TITLE | D/P ☒ Change ☐ Addition |
| NAME | ROGERS, DAVID M. | 22 NAME | Rogers, David |
| STREET ADDRESS | 2629 SCOTT ST. | 23 STREET ADDRESS | 14156 River Road |
| CITY ST ZIP | HOLLYWOOD FL | 24 CITY ST ZIP | Pensacola, FL 32507 |
| TITLE | TSD | 31 TITLE | D/V ☒ Change ☐ Addition |
| NAME | STEWART, JAYNE M. | 32 NAME | Hurst, Craig |
| STREET ADDRESS | 701 SW 134TH WAY | 33 STREET ADDRESS | 371 SE 14th Avenue |
| CITY ST ZIP | DAVIE FL | 34 CITY ST ZIP | Pompano Bch, FL 33060 |
| TITLE | V | 41 TITLE | D/V ☒ Change ☐ Addition |
| NAME | CRANE, DAVID P P.E. | 42 NAME | Gildemeister, Kurt |
| STREET ADDRESS | 251 MENTEL TERR | 43 STREET ADDRESS | 5881 S. Miami Road |
| CITY ST ZIP | PORT CHARLOTTE FL | 44 CITY ST ZIP | Venice, FL 34293 |
| TITLE | D | 51 TITLE | V ☐ Change ☒ Addition |
| NAME | HURST, CRAIG G. | 52 NAME | Farry, Joseph |
| STREET ADDRESS | 371 SE 14TH AVE | 53 STREET ADDRESS | 3500 Fernadina Road J1 |
| CITY ST ZIP | POMPANO BCH FL | 54 CITY ST ZIP | Columbia, SC 29210 |
| TITLE | D | 61 TITLE | V ☒ Change ☐ Addition |
| NAME | GILDEMEISTER, KURT D. | 62 NAME | Crane, David |
| STREET ADDRESS | 5881 S. MIAMI ROAD | 63 STREET ADDRESS | P.O. Box 608 N/A |
| CITY ST ZIP | VENICE FL | 64 CITY ST ZIP | Punta Gorda, FL 33951 |

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 of this report or on an attachment with an address.

SIGNATURE: Mark Miller — Mark Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1995 — Date
305-565-7650 — Daytime Phone #

0219461 CP

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

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # K77193 (6)

1. Corporation Name

**CONSTRUCTION SOUTH, INC.**

Principal Place of Business: 2219 B PORT STREET. N.W WINTER HAVEN FL 33881

Mailing Address: 2219 B PORT STREET. N.W WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1989

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2945488 — 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

2. Principal Place of Business: 21 2226 AVE. C, NW

2a. Mailing Address: 26 2226 AVE. C, NW

22 / 27 Suite, Apt. #, etc.

23 City & State: WINTER HAVEN, FL

28 City & State: WINTER HAVEN, FL

24 Zip: 33880 — 25 County: POLK

29 Zip: 33880 — 30 County: POLK

9. Name and Address of Current Registered Agent

BLANKENSHIP, RANDALL G.
170 EAST CENTRAL AVE.
WINTER HAVEN FL 33881

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

| | 12. Officers and Directors | 13. Additions/Changes to Officers and Directors in 12 |
|---|---|---|
| Title | D | [X] Change [ ] Addition |
| Name | JARRELL, ONEIDA L. | |
| Street Address | 2219 B PORT ST. N.W. | 2226 AVE. C NW |
| City-St-Zip | WINTER HAVEN FL | WINTER HAVEN, FL 33880 |
| Title | D | [X] Change [ ] Addition |
| Name | JARRELL, KENNETH W. | |
| Street Address | 700 GRANADA WAY | 2226 AVE. C, NW |
| City-St-Zip | WINTER HAVEN FL | WINTER HAVEN, FL 33880 |

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:** Oneida L. Jarrell ONEIDA L. JARRELL 5/15/95 (813) 299-6541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440256 FP