

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 9:24

DOCUMENT # L39290 (6)

1. Corporation Name

BLACK BEAR DESIGN GROUP, INC.

Principal Place of Business

% DALE NOVAK
500 E DAVIS BLVD
TAMPA FL 33608

Mailing Address

% DALE NOVAK
500 E DAVIS BLVD
TAMPA FL 33608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2984827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 4929 BAYSHORE

2a. Mailing Address

26 4929 BAYSHORE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA FL

City & State

28 TAMPA FL

24 33611

25 HILLS.

29 33611

30 HILLS.

9. Name and Address of Current Registered Agent

NOVAK, DALE
500 E DAVIS BLVD
TAMPA FL 33608

10. Name and Address of Now Registered Agent

81 Name

John F. Wendel

82 Street Address (P.O. Box Number is Not Acceptable)

Wendel, Chritton & Parks, Chartered

83

5300 South Florida Avenue

84 City

Lakeland

FL

85 Zip Code

33813

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 provisions of Section 607.0504, Florida Statutes.

SIGNATURE

John F. Wendel

JOHN F WENDEL

6/15/95

(Signature of current registered agent and fee if applicable)

(Print. Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D-S
NAME	NOVAK, DALE
STREET ADDRESS	4320 S ANITA BLVD.
CITY ST ZIP	TAMPA FL
TITLE	D-P
NAME	ROBINSON, JERRY
STREET ADDRESS	205 W. CREST AVE.
CITY ST ZIP	TAMPA FL
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Wendel

6/12/95

813-831-5873

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
JAN 12 1995
TALLAHASSEE, FL

DOCUMENT # L41676 (2)

1. Corporation Name

ASSOCIATES & SHEEKEY INSURANCE, INC.

Principal Place of Business

100360 OVERSEAS HIGHWAY
83240 OVERSEAS HIGHWAY, STE. 5
KEY LARGO FL 33037
US

Mailing Address

100360 OVERSEAS HIGHWAY
83240 OVERSEAS HIGHWAY, STE. 5
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0176707

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

10. Name and Address of New Registered Agent

GREGG, MARK H
100360 OVERSEAS HIGHWAY
KEY LARGO FL 33037

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

Signature (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE	VSD
NAME	SHEEKEY, AUDREY
STREET ADDRESS	BOX 1203 N/A
CITY - ST - ZIP	TAVERNIER FL
TITLE	PTD
NAME	SHEEKEY, BRUCE
STREET ADDRESS	BOX 1203 N/A
CITY - ST - ZIP	TAVERNIER 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	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 holder of a position 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 in an attachment with an address.

SIGNATURE:

Bruce P. Sheekey
BRUCE P. SHEEKEY

6/15/95 (305) 852-1771

Date

Telephone #