

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

**APPROVED
AND
FILED**

55 MAY 12 AM 10:15

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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L41256 (3)

1. Corporation Name
BEAU DRY WALL, INC.

Principal Place of Business
**6134 EDWARDS ROAD
MARGATE FL 33063**

Mailing Address
**6134 EDWARDS ROAD
MARGATE FL 33063**

EXEMPT FROM THIS SPACE

2. Date of Report

21. State of Report

22. City & State

23. Country

24. State of Report

25. Mailing Address

26. State of Report

27. City & State

28. Country

29. State of Report

30. State of Report

3. Date Incorporated (or Reincorporated)
01/04/1990

38. Date of Last Report
05/01/1994

4. Filing Number
65-0169018

Approved For
Not Applicable

5. Certificate of Status (Required)

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Election Fund Contribution

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

8. The corporation is not a party to any pending or threatened litigation, arbitration, or other legal proceeding.

9. Name and Address of Current Registered Agent

**BEAUDOIN, PAULINE
6134 EDWARDS ROAD
MARGATE 33063**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (Include Apartment or P.O. Box, if applicable)

83. City

84. State

FL 85. Zip Code

11. The corporation is not a party to any pending or threatened litigation, arbitration, or other legal proceeding.

12. Name and Address of Current Registered Agent

**D
BEAUDOIN, PAULINE
6134 EDWARDS ROAD
MARGATE FL**

13. Name and Address of New Registered Agent

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, and that the corporation is not a party to any pending or threatened litigation, arbitration, or other legal proceeding.

SIGNATURE:

Pauline Beaudoin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAULINE BEAUDOIN

5/12/95 974-5837

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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L43828 (7)

1. Corporation Name

ALL STATE CONCRETE CORPORATION

Principal Place of Business

**5759 WESTVIEW DRIVE
ORLANDO FL 32810-3940
US**

Mailing Address

**5759 WESTVIEW DRIVE
ORLANDO FL 32810-3940
US**

(Do not write in this space)

3. Date incorporated or qualified

01/16/1990

3a. Date of last report

04/12/1994

4. FEI Number

59-2988103

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

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

8. This corporation has liability for federal tax under 5119(c)(1)
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**STALEY, BRADLEY
5759 WESTVIEW DRIVE
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number if Not Applicable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident qualified to be a juror or being a citizen of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original and correct copy of the report of the corporation as required by law to be filed with the Department of State, Division of Corporations, for the filing of the report of the corporation for the year ending on the date specified in the report.

SIGNATURE

12.

NAME

STALEY, BRADLEY A.

5759 WESTVIEW DRIVE

ORLANDO FL

VD

NAME

FETTE, GREGORY L.

8525 STEER LAKE ROAD

ORLANDO FL

STD

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FETTE, GREGORY L.

8525 STEER LAKE ROAD

ORLANDO FL

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SIGNATURE:

Gregory L Fette

Gregory L Fette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

4072945703

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

APPROVED
2/1/95

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L44071

(3)

1. Corporation Name

KADO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**11121 HEALTH PARK BLVD #700
NAPLES FL 33942**

**11121 HEALTH PARK BLVD #700
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

01/22/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0190778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Type Fund Contributions

☐

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

8. This corporation has liability for additional tax under § 190.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

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State Apt # etc

State Apt # etc

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City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONNELL, BARBARA
11121 HEALTH PARK BLVD #700
NAPLES FL 33942**

81. Name

82. Street Address (Not for Mailing or for Agent)

83

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing and is not delinquent in the payment of its taxes and is not in violation of any law of the State of Florida.

Typed Name

Barbara McDonnell

5-1-95

12. Name and Address of Agent for Service of Process

**PD
MCDONNELL, ARTHUR
11121 HEALTH PK BLVD, STE 700
NAPLES FL
STD
MCDONNELL, BARBARA
11121 HEALTH PK BLVD, STE 700
NAPLES FL**

13. Name and Address of Agent for Service of Process

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing and is not delinquent in the payment of its taxes and is not in violation of any law of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara McDonnell

5-1-95 648-7677