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 # **L42916** **(1)**

1. Corporate Name
BENJIES LTD., INC.

Principal Place of Business
% LINDA M. BENJAMIN
10045 SAN JOSE BLVD
JACKSONVILLE FL 32257-5835

Mailing Address
% LINDA M. BENJAMIN
10045 SAN JOSE BLVD
JACKSONVILLE FL 32257-5835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1990**
3a. Date of Last Report: **05/10/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **59-3015255** — Applied For / Not Applicable
State Abbr. & Zip 22
State Abbr. & Zip 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
24 25 29 30
6. Does corporation qualify for exemption under Section 119.07(3)(i), Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENJAMIN, LINDA M.
10045 SAN JOSE BLVD
JACKSONVILLE FL 32217

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 Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR
Title **D** Name **BENJAMIN, LINDA M.** Address **10045 SAN JOSE BLVD** City-St-Zip **JACKSONVILLE FL**	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing, including any required delaware, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 13 above, or on an attachment with an address.

SIGNATURE: Linda M. Benjamin Pres **2/28/95** **(904)2628089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0092128 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 # **L43493** **(0)**

1. Current Name
G.W. SCHULTZ TOOLS, INC.

Principal Place of Business
13041 LANE PARK CUTOFF #1
TAVARES FL 32778

Mailing Address
13041 LANE PARK CUTOFF #1
TAVARES FL 32778

FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified	3a. Date of Last Report
01/02/1990	05/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-2995639** ☐ 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	10. Name and Address of New Registered Agent
SCHULTZ, GREGORY W **23550 KAYS WAY** **ASTATULA FL 32705**	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 Section(s) 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
(Typed or printed name of registered agent and title if agent is a corporation) (Registered Agent's signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
51 TYPE	PST	71 TYPE	☐ Change ☐ Addition
52 NAME	SCHULTZ, GREG W.	72 NAME	
53 STREET ADDRESS	23550 KAYS WAY	73 STREET ADDRESS	
54 CITY-ST-ZIP	ASTATULA FL	74 CITY-ST-ZIP	
55 TYPE	D	75 TYPE	☐ Change ☐ Addition
56 NAME	SCHULTZ, GREG W.	76 NAME	
57 STREET ADDRESS	23550 KAYS WAY	77 STREET ADDRESS	
58 CITY-ST-ZIP	ASTATULA FL	78 CITY-ST-ZIP	
59 TYPE		79 TYPE	☐ Change ☐ Addition
60 NAME		80 NAME	
61 STREET ADDRESS		81 STREET ADDRESS	
62 CITY-ST-ZIP		82 CITY-ST-ZIP	
63 TYPE		83 TYPE	☐ Change ☐ Addition
64 NAME		84 NAME	
65 STREET ADDRESS		85 STREET ADDRESS	
66 CITY-ST-ZIP		86 CITY-ST-ZIP	
67 TYPE		87 TYPE	☐ Change ☐ Addition
68 NAME		88 NAME	
69 STREET ADDRESS		89 STREET ADDRESS	
70 CITY-ST-ZIP		90 CITY-ST-ZIP	
91 TYPE		92 TYPE	☐ Change ☐ Addition
93 NAME		94 NAME	
95 STREET ADDRESS		96 STREET ADDRESS	
97 CITY-ST-ZIP		98 CITY-ST-ZIP	

14. (Required) I certify that the information supplied with this report is accurately 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 the 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: Gregory W Schultz Gregory W. Schultz 5/15/95 904-343-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0061598 CF

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L44676** **(9)**

1. Corporation Name
241 FIFTH AVENUE, INC.

Principal Place of Business
% THOMAS E. SHINE
905 SARNO ROAD - SUITE A
MELBOURNE FL 32935

Mailing Address
% THOMAS E. SHINE
905 SARNO ROAD - SUITE A
MELBOURNE FL 32935

3. Date Incorporated or Qualified: **01/24/1990**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2990740** ☐ 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. 199.023 Florida Statutes ☐ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

SHINE, THOMAS E.
905 SARNO ROAD - SUITE A
MELBOURNE FL 32935

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 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	D
NAME	SHINE, THOMAS E.
STREET ADDRESS	905 SARNO RD SUITE A
CITY-ST-ZIP	MELBOURNE FL
TITLE	PST
NAME	SHINE, THOMAS E.
STREET ADDRESS	905 SARNO RD SUITE A
CITY-ST-ZIP	MELBOURNE 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	

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)(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 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: Thomas E. Shine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 May 95 1-407-254-4500
Date Daytime Phone #

0000244 CP