

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****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 JUN -1 AM 9:04****DOCUMENT # L46499****(4)**

1. Corporation Name

MEXICO SUPERMARKET, INC.

Principal Place of Business

**1000 RIFLE RANGE ROAD
WINTER HAVEN FL 33880**

Mailing Address

**1000 RIFLE RANGE ROAD
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3063165

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

2a. Mailing Address

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**GARCIA, JOAQUIN ABEL
217 6TH STREET
WINTER HAVEN FL 33880**

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

Signature typed or printed name of registered agent and title if applicable

If 81-84 Registered Agent signature required when mandating

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, JOAQUIN ABEL
STREET ADDRESS	217 6TH STREET
CITY ST ZIP	WINTER HAVEN 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-95

(Date)

(Signature Printed Name)

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L48566** (8)
1. Corporation Name
512 INVESTMENT CORP.

Principal Place of Business Mailing Address
8850 NORTH U.S. 1 **8850 NORTH U.S. 1**
P O BOX 149 **P O BOX 149**
WABASSO FL 32970 **WABASSO FL 32970**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/02/1990** 3a. Date of Last Report **06/23/1994**
4. FEI Number **65-0428799** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KAHN, STANLEY
8850 NORTH U.S. 1
WABASSO FL 32970

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KAHN, STANLEY	11 TITLE	☐ Change ☐ Addition
NAME	8850 NORTH U.S. 1	12 NAME	
STREET ADDRESS	WABASSO FL	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	S KAHN, SHIRLEY	21 TITLE	☐ Change ☐ Addition
NAME	8850 NORTH U.S. 1	22 NAME	
STREET ADDRESS	WABASSO FL	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	D KEEN, MARLOU	31 TITLE	☐ Change ☐ Addition
NAME	8850 NORTH U.S. 1	32 NAME	
STREET ADDRESS	WABASSO FL	33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		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)(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 607, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley W. Kahn
Date **5/30/95** 417 589 5665
Signature Number 8

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L48921** (5)

1. Corporation Name

CALADESI LANDSCAPING & MAINTENANCE, INC.

Principal Place of Business

**233 HEDDON COURT
OZONA FL 34680
US**

Mailing Address

**P.O. BOX 1559
PALM HARBOR FL 34682
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/05/1990** 3a. Date of Last Report **04/01/1994**

4. FEI Number **65-0177807** 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 **4177 CORPORATE CT** 26 **P.O. Box 1559**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **PALM HARBOR** 28 **PALM HARBOR**

Zip Country Zip Country
24 **34682** 29 **34682** 30

9. Name and Address of Current Registered Agent

**MILLER, ROBERT W., JR.
233 HEDDON COURT (OZONA, FL 34680)
P. O. BOX 1559
PALM HARBOR FL 34682**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **4177 CORPORATE CT.**
P.O. Box 1559
84 City **PALM HARBOR** FL 85 Zip Code **34682**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the corporation)

(Signature, typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT W., JR.	1.2 NAME	
STREET ADDRESS	P. O. BOX 1559 N/A	1.3 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	1.4 CITY ST ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, VIRGINIA L.	2.2 NAME	
STREET ADDRESS	P. O. BOX 1559 N/A	2.3 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT W.	3.2 NAME	
STREET ADDRESS	475 QUAIL'S END	3.3 STREET ADDRESS	
CITY ST ZIP	POWELL OH	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(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:

(Signature and typed or printed name of signing officer or director)

(Date)

(Signature/Name)