

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

**APPROVED
AND
FILED**

05/11/95 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathison Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L63294 (7)

1. Corporation Name
PEOPLE'S PLUMBING, INC.

Principal Place of Business 6606 NW 72 AVE MIAMI FL 33166 US	Mailing Address 6606 NW 72 AVE MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified 04/02/1990	3a. Date of Last Report 08/17/1994
21. State Apt # etc.	26. State Apt # etc.	4. FEI Number 65-0193167		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
24. Country		25. Country		29. Country	
24. Country		25. Country		29. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PINO, GUSTAVO 3541 SW 16TH ST. MIAMI FL 33145				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code	

11. Pursuant to the provisions of Sections 17, 17.01, 17.02 and 17.03, 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 Sections 17, 17.01, 17.02 and 17.03, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
OFFICER	PINO, GUSTAVO 3541 SW 16ST MIAMI FL	1. NAME	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
ZIP		5. ZIP	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
ZIP		9. ZIP	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
ZIP		13. ZIP	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
ZIP		17. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 17.01(2), Florida Statutes. I further certify that the information included on this annual report or supplemental statement is true and accurate and that the 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 thereof, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, of the report or on an official form with an affidavit.

SIGNATURE _____ **GUSTAVO PINO** 5/1/95 (505) 885-7473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L63422** (4)

1. Corporation Name

LOCHRANE REAL PROPERTY III, INC.

Principal Place of Business

**%THOMAS G. LOCHRANE
201 S. BUMBY AVENUE
ORLANDO FL 32803**

Mailing Address

**%THOMAS G. LOCHRANE
201 S. BUMBY AVENUE
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Inc. or Reorganized or Changed 04/03/1990 36. Date of Last Report 06/14/1994

4. FEI Number 59-2974147 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

6. Does corporation have liability for information tax under Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. # etc.

22. City & State

23. City & State

24. City & State

25. City & State

2a. Mailing Address

26. State, Apt. # etc.

27. City & State

28. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

**LOCHRANE, THOMAS G.
201 S. BUMBY AVENUE
ORLANDO FL 32803**

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 607.01(1), (2), and 607.15(1)(b), Florida Statutes, the above named corporation hereby certifies 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 understand the applicable provisions of Sections 607.01(1), (2), and 607.15(1)(b), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

NAME: **D LOCHRANE, THOMAS G.**
STREET ADDRESS: **201 S. BUMBY AVENUE**
CITY: **ORLANDO FL**

1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
5. NAME ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition
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12. NAME ☐ Change ☐ Addition
13. NAME ☐ Change ☐ Addition
14. NAME ☐ Change ☐ Addition
15. NAME ☐ Change ☐ Addition
16. NAME ☐ Change ☐ Addition
17. NAME ☐ Change ☐ Addition
18. NAME ☐ Change ☐ Addition
19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(1)(b), Florida Statutes. I further certify that the information is true and correct and that I am not a director or officer of the corporation 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 the corporation's charter or in an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR

4/28/95 407-896
3317

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1995



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

APPROVED
AND
FILED

DOCUMENT # **L63475**

(2)

1. Corporate Name

BON TERRE GROUP, INC.

APR 25 1995 10:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1218 ALDEN ROAD
ORLANDO FL 32803**

Mailing Address

**1218 ALDEN ROAD
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1990

3a. Date of Last Report
06/24/1994

4. FEI Number
59-3010260

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**

7. This corporation has liability for insurance on officers (2-1992-007)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARKEY, WOODROW W
1218 ALDEN ROAD
ORLANDO FL 32803**

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am hereby accepting the responsibility of such change.

Signature

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	SHARKEY, WOODROW W
STREET ADDRESS	1218 ALDEN ROAD
CITY	ORLANDO FL 32803
NAME	<i>[Signature]</i>
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information included 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 on the list of officers, directors, or trustees on an attachment with an address.

SIGNATURE:

Woodrow W. Sharkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95