

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Myrland
Secretary of State
CONSTITUTIONAL OFFICE BUILDING

DOCUMENT # **L63347** (3)

1. Corporation Name

PDI COMMUNICATIONS GROUP, INC.

APPROVED
AND
FILED

05/18/95 14:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5205 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309**

Mailing Address
**5205 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Reincorporated 04/02/1990		3a. Date of Last Report 05/01/1994	
21. State, Apt. # etc.	26. State, Apt. # etc.	4. FEI Number 65-0186408		Applied For ☐ Yes ☒ Not Applicable			
22. City & State	27. City & State	5. Certificate of Status Desired ☐		8.75 Additional Fee Required			
23. City	28. City	6. Election Campaign Financing Trust Fund Contribution ☐		5.00 May Be Added to Fees			
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 190.042 Florida Statutes ☐ Yes ☒ No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WORKMAN, JAMES 5205 NW 33RD AVENUE FT. LAUDERDALE FL				81. Name			
				82. Street Address (if C. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 190.042 and 190.043, Florida Statutes, the above named corporation represents 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 190.042, Florida Statutes.

SIGNATURE

Signature of Agent (if not the corporation's agent, then the agent's name and address)

Signature of Registered Agent (if not the corporation's agent, then the agent's name and address)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	TITLE	☐ Change ☐ Addition
NAME	WORKMAN, JAMES	1. NAME	
STREET ADDRESS	5205 NW 33RD AVE.	2. STREET ADDRESS	
CITY & ST. ZIP	FT. LAUDERDALE FL	3. CITY & ST. ZIP	
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	ROBISON, THOMAS	1. NAME	
STREET ADDRESS	5205 NW 33RD AVE.	2. STREET ADDRESS	
CITY & ST. ZIP	FT. LAUDERDALE FL	3. CITY & ST. ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & ST. ZIP		3. CITY & ST. ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & ST. ZIP		3. CITY & ST. ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & ST. ZIP		3. CITY & ST. ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & ST. ZIP		3. CITY & ST. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.042 (b)(1), 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 this corporation or the registered agent or trustee empowered to make this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with my address.

SIGNATURE:

Jim Workman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jim Workman

5/18/95 (305) 733-9400
Date Page of Pages

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CORPORATION
 ANNUAL REPORT
1995



1. WILLIAM DEPARTMENT OF STATE
 Bureau of Consular
 Department of State
 Department of State, Department of State

APPROVED
JAN 11 1962

6. 11. 15

[illegible]

DOCUMENT # **L64004** (9)

LANDI & LORENZO EXPORT, INC.

9821 NW 13TH ST
PEMBROKE PINES FL 33024

9821 NW 13TH ST
PEMBROKE PINES FL 33024

Journal of Interpersonal Violence

3. Date of organization's last report	3a. Date of last response
04/06/1990	03/18/1994

4. If Not Applicable	Applied For
65-0184654	Not Applicable

5. Certificate of Station Desired	☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Total Fund Contributions	\$5.00 May Be Added to Fees
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1. The company will be required to submit a copy of the report to the relevant authorities.

10. Name and Address of New Registered Agent

21	1251 SW 178 th way	26	1251 SW 178 th way
22	Pembroke Pines, FL	27	Pembroke Pines
23	FLORIDA	28	FLORIDA
24	33029	29	33029
25	USA	30	USA

9. Name and Address of Current Registered Agent

LANDI, FULVIO
9821 NW 13TH ST
PEMBROKE PINES FL 33024

81	July 1961
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82	Street Address, P.O. Box, Telephone and Fax Address
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1.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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BE	2012
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[illegible]

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Whaley (1987).

[illegible]

Figure 1. The effect of the concentration of the inhibitor on the rate of polymerization of α -methylstyrene in the presence of SnCl_4 at 25°C . The concentration of α -methylstyrene was 0.1 mol/L , and the concentration of SnCl_4 was 0.005 mol/L . The concentration of the inhibitor was 0.001 mol/L (a), 0.002 mol/L (b), 0.004 mol/L (c), 0.006 mol/L (d), 0.008 mol/L (e), and 0.01 mol/L (f).

[illegible]

14. [redacted] said that the information supplied with the library, which, although handwritten and dated 1962, is for the evening hour, stated a "yes" for the "French" database. Further, [redacted] said that the others, the one supplied on the general aspect of supplemented animal reports, was not a male, and that the "supplemental" had for the same length of time made similar "yes" responses to the other classes for the participation of the system of further improvement for more into the regional or national (by telephone) "French" database, and that my name was not in the list of those who changed or voluntarily joined with an address.

SIGNATURE:

SPECIAL AGENT IN CHARGE

5/11/21

437-5292

[illegible]

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L64307** (6)

ORANGEFIELD CITRUS, INC.

Principal Place of Business

2185 OAK DRIVE
BARTOW FL 33830

Mailing Address

P.O. BOX 362
ALTURAS FL 33820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/06/1990** 3a. Date of Last Report **10/04/1994**

21. Principal Place of Business **7755 STARR LAKE RD** 26. Mailing Address **P.O. BOX 362**

22. City & State **BARTOW, FLORIDA** 27. City & State **ALTURAS, FL**

23. City & State **BARTOW, FLORIDA** 28. City & State **ALTURAS, FL**

24. Zip Code **33830** 25. Zip Code **33830** 29. Zip Code **33820** 30. Zip Code **33820**

4. FEI Number **59-3012630** 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. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MITCHELL, ROY D
2185 OAK DRIVE
BARTOW FL 33830

10. Name and Address of New Registered Agent

81. Name **ROY D. MITCHELL**
82. Street Address (P.O. Box Number is Not Acceptable) **7755 STARR LAKE ROAD**
83. City **BARTOW** FL **33830**

11. Pursuant to the provisions of Sections 607.0403 and 607.1408, 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 607.0405, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	PST MITCHELL, ROY D
2. STREET ADDRESS	2185 OAK DRIVE
3. CITY & STATE	BARTOW FL 33830
4. NAME	D OAKLEY, MILES L
5. STREET ADDRESS	52042 HOBART AVE. N.
6. CITY & STATE	BARTOW FL 33830
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94

1. NAME	DAVID KRISTINE L. MITCHELL	☐ Change ☒ Addition
2. STREET ADDRESS	P.O. BOX 362	
3. CITY & STATE	ALTURAS, FL - 33830	NA
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY & STATE		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY & STATE		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY & STATE		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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. I am an officer or director of the corporation or the receiver or trustee thereof and I executed this report as required by Chapter 437, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing or on an attached document with an address.

SIGNATURE:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy D. Mitchell

5/17/95 813-537-2591

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of CORPORATIONS

DOCUMENT # **L64895** (0)

1. Corporation Name:

INTERIOR CITRUS MARKETING, INC.

Principal Place of Business:

**C/O ROY D. MITCHELL
2185 OAK DR.
BARTOW FL 33830**

Mailing Address:

**% ROY D. MITCHELL
P.O. BOX 362
ALTURAS FL 33820**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
04/09/1990

3a. Date of Last Report
10/04/1994

4. FET Number
NOT APPLICABLE

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. 199.03,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
7755 STARR LAKE ROAD

2a. Mailing Address
P.O. BOX 362

21 Suite, Apt. # etc:

26 Suite, Apt. # etc:

23 City & State
BARTOW FLORIDA

28 City & State
ALTURAS, FLORIDA

24 ZIP
33830

25 CARRIER
PO/K

29 ZIP
33820

30 CARRIER
PO/K

9. Name and Address of Current Registered Agent

**MITCHELL, ROY D.
2185 OAK DR.
BARTOW FL 33830**

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 607.26(1) 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 responsibility of Section 607.06(1), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if not the same as above)

Signature of New Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	D MITCHELL, ROY D.
2. STREET ADDRESS	3308 CITRUS DR.
3. CITY, ST, ZIP	BARTOW FL
4. NAME	D OAKLEY, MILES L
5. STREET ADDRESS	520 1/2 HOBART AVE., NORTH
6. CITY, ST, ZIP	BARTOW FL 33830
7. NAME	PST MITCHELL, ROY D
8. STREET ADDRESS	3308 CITRUS DR
9. CITY, ST, ZIP	BARTOW FL
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	D Kristine L. Mitchell	☐ Change ☒ Addition
2. STREET ADDRESS	P.O. BOX 362	
3. CITY, ST, ZIP	ALTURAS, FL 33820	NA.
4. NAME	PST ROY D Mitchell II	☒ Change ☐ Addition
5. STREET ADDRESS	P.O. BOX 362	NA.
6. CITY, ST, ZIP	ALTURAS, FL 33830	NA.
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY, ST, ZIP		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY, ST, 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 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 member or member-in-potential to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy D. Mitchell

5/17/95 **813-537-2571**