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 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65546** **(8)**

1. Corporation Name

OUR TOWN REALTY, INC.

Principal Place of Business

% PAULINE E. THOMPSON
3900 N.W. 79TH AVENUE, #600-A
MIAMI FL 33166

Mailing Address

% PAULINE E. THOMPSON
3900 N.W. 79TH AVENUE, #600-A
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: **03/27/1990**

3a. Date of Last Report: **06/06/1994**

4. FEI Number: **65-0198582** ☐ 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

THOMPSON, PAULINE E.
3900 N.W. 79TH AVENUE, #600-A
MIAMI FL 33166

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	THOMPSON, PAULINE E.
STREET ADDRESS	3900 NW 79 AVE, #600-A
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	KOWALSKI, THEODORE J.
STREET ADDRESS	3900 NW 79 AVE, #600-A
CITY-ST-ZIP	MIAMI 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

☐ Change ☐ Addition

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)(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 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: Pauline Thompson 5/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0182330 CP

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # L66853 (7)

1. FLORIDA COLLEGIATE UMPIRES, INC.

625 19TH AVE., NE
ST. PETERSBURG FL 33704

625 19TH AVE., NE
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 P.O. BOX 61121	2a. Mailing Address: 26 P.O. BOX 61121
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL
Zip 24 33784 Country 25	Zip 29 33784 Country 30

3. Date Incorporated or Qualified: 04/20/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3028162 ☐ 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
KIERNAN, JOHN D. 150 SECOND AVENUE NORTH, #1500 ST. PETERSBURG FL 33701	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 ______ DATE ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: PD Name: MAGNUSSON, JOHN Street Address: 625 19TH AVE. NE City-St-Zip: ST. PETERSBURG FL	1 Title ☑ Change ☐ Addition 1 Name 1 Street Address: P.O. BOX 61121 1 City-St-Zip: ST. PETERSBURG, FL 33784
Title: VSD Name: KIERNAN, MICHAEL K. Street Address: 625 19TH AVE. NE City-St-Zip: ST. PETERSBURG FL	2 Title ☑ Change ☐ Addition 2 Name 2 Street Address: P.O. BOX 61121 2 City-St-Zip: ST. PETERSBURG, FL 33784
Title: TD Name: YELLEN, PETER Street Address: 625 19TH AVE. NE City-St-Zip: ST. PETERSBURG FL	3 Title ☑ Change ☐ Addition 3 Name 3 Street Address: P.O. BOX 61121 3 City-St-Zip: ST. PETERSBURG, FL 33784
Title: ~~D~~ Name: ~~McCOMB, DENNIS~~	4 Title: D ☐ Change ☑ Addition 4 Name: McCOMB, DENNIS 4 Street Address: P.O. BOX 61121 4 City-St-Zip: ST. PETERSBURG, FL 33784
Title Name Street Address City-St-Zip	5 Title ☐ Change ☐ Addition 5 Name 5 Street Address 5 City-St-Zip
Title Name Street Address City-St-Zip	6 Title ☐ Change ☐ Addition 6 Name 6 Street Address 6 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)(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 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] PETER S. YELLEN 5/15/95 813 978-6463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0306548 CP

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

APPROVED AND FILED
95 MAY -5 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67505 (2)

1. Corporation Name

PILE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1375 W. CHURCH STREET JACKSONVILLE FL 32204 US	POST OFFICE BOX 2301 JACKSONVILLE FL 32203 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/24/1990	06/27/1994

4. FEI Number: 59-3023961 — ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

RICHARD, SADLER II
7595 BAYMEADOWS CIRCLE, WEST
SUITE 2411
JACKSONVILLE FL 32256

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: *RASadler II President* — 01/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☒ Change ☐ Addition
NAME	SADLER, RICHARD A., II	1 NAME	SADLER, RICHARD., A. II
STREET ADDRESS	7595 BAYMEADOWS CIRCLE WEST, #2411	1 STREET ADDRESS	2001 HODGES BLVD, #1621
CITY-ST-ZIP	JACKSONVILLE FL	1 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	V	2 TITLE	☐ Change ☐ Addition
NAME	SADLER, D. ROBERT	2 NAME	
STREET ADDRESS	10263 WHISPERING FOREST DRIVE, #1314	2 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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 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: *RASadler II* R.A. SADLER II — 01/20/95 — (904)35-70878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406089 FP