

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L67174

(7)

1. Corporation Name

PACIFIC BUSINESS, INC.

Principal Place of Business

14249 S.W. 102ND STREET
MIAMI FL 33186

Mailing Address

14249 S.W. 102ND STREET
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1990

3a. Date of Last Report

02/16/1994

4. FEI Number

65-0192055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Federal Employment Taxing
Legal Entity Certificate

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

WERNER, BERTHA GRACIELA
14249 S.W. 102ND STREET
MIAMI FL 33186

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)

(Signature, typed or printed name of new registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

WERNER, JULIO

14249 S.W. 102ND STREET

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD

WERNER, JULIO A.

14249 S.W. 102ND STREET

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

STD

WERNER, BERTHA GRACIELA

14249 S.W. 102ND STREET

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

VICE-PRES./DIRECTOR

ALEX R. WERNER

14249 S.W. 102ND STREET
MIAMI, FL

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:

GRACIELA WERNER *Graciela Werner*

6/9/95

387-4424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L67949

(2)

1. Corporation Name

AUDIT SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

~~W. E. THOMPSON~~ *Independent Business Bank of Florida*
109 E. CHURCH ST., SUITE BB
ORLANDO FL 32801

~~W. E. THOMPSON~~
109 E. CHURCH ST., SUITE BB
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3009560

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

6. 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THOMPSON, W. E.~~
109 EAST CHURCH ST.
SUITE BB
ORLANDO FL 32801

81 Name

Dan R. Pilley

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

SAME

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 607.0905, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the # of addition

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	O
NAME	THOMPSON, W. E. <i>Dan R. Pilley</i>
STREET ADDRESS	109 E. CHURCH ST., SUITE BB
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	BUSCH, NOEL H.
STREET ADDRESS	109 E CHURCH ST SUITE BB
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	HUDSON, D.S., JR.
STREET ADDRESS	815 COLORADO AVE.
CITY, ST, ZIP	STUART FL
TITLE	D
NAME	KURTZ, HOWARD E.
STREET ADDRESS	300 SUGARLAND HWY.
CITY, ST, ZIP	CLEWISTON FL
TITLE	D
NAME	MIKELL, WV
STREET ADDRESS	108 S E AVE D
CITY, ST, ZIP	BELLE GLADE FL
TITLE	D
NAME	MALLINI, G. THOMAS
STREET ADDRESS	2040 N.W. 67TH PL
CITY, ST, ZIP	GAINESVILLE FL

1.1 TITLE	<i>CFD</i>	☒ Change ☐ Addition
1.2 NAME	<i>DAN R. Pilley</i>	
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	<i>D. Pres.</i>	☒ Change ☐ Addition
2.2 NAME	<i>JOHN W. WILBERN</i>	
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 recorder 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

Dan R. Pilley *Dan R. Pilley CFD 4/95*

Date

Signature (Three)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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**PROFIT
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ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

90 JUN 14 1995

DOCUMENT # L68166 (2)

1. Corporation Name

CROWNED EAGLE REALTY MANAGEMENT CO., INC.

Principal Place of Business

Mailing Address

**935 HILLSBORO MILE
HILLSBORO BEACH FL 33062**

**935 HILLSBORO MILE
HILLSBORO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

04/25/1990

03/22/1994

4. FEI Number

Applied For

34-1425510

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 interstate tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, E.E.
650 S.E. THIRD AVENUE
FT. LAUDERDALE FL 33301**

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 (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

SATULLO, S. SANDY, II

STREET ADDRESS

935 HILLSBORO MILE

CITY - ST - ZIP

HILLSBORO BCH FL

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

S

NAME

SATULLO, SALVATORE S.

STREET ADDRESS

935 HILLSBORO MILE

CITY - ST - ZIP

HILLSBORO BCH FL

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

V

NAME

SATULLO, STUART S.

STREET ADDRESS

935 HILLSBORO MILE

CITY - ST - ZIP

HILLSBORO BCH FL

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 9:42

DOCUMENT # L68351

(0)

1. Corporation Name

MARSH FAMILY INDUSTRIES, INC.

Principal Place of Business

4103 NW ALPINE DR
GAINESVILLE FL 32605
US

Mailing Address

4103 NW ALPINE DR
GAINESVILLE FL 32605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

06/14/1994

4. FEI Number

59-3008887

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 s. 199.03, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

9. Name and Address of Current Registered Agent

MARSH, CYNTHIA H.
4103 NW ALPINE DR
GAINESVILLE FL 32605

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)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MARSH, CYNTHIA H.
7716 N.W. 20TH DRIVE
GAINESVILLE FL

STREET ADDRESS

CITY, ST, ZIP

TITLE

D

NAME

MARSH, DONALD E.
7716 N.W. 20TH DRIVE
GAINESVILLE FL

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

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

Cynthia H. Marsh
DONOR AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

6/11/95
Date

904-378-8808
Telephone Number

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L68571 (3)

1. Corporation Name

STEVENS' AUTOS AND BODY SHOP, INCORPORATION

Principal Place of Business

11524 HWY 92 E
11524 HIGHWAY 92 EAST
SEFFNER FL 33584
US

Mailing Address

11524 HWY 92 EAST
C/O WILLIAM STEVENS
SEFFNER FL 33584
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

03/08/1994

4. FEI Number

59-3012392

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 its agents for under a 199 Code,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt #, etc

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

STEVENS, WILLIAM
11524 HIGHWAY 92 EAST
SEFFNER, FL 33584

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)

(NOTE: Registered Agent signature required when registering)

(141)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
STEVENS, WILLIAM
11524 HIGHWAY 92 EAST
SEFFNER FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

ST
STEVENS, DONNA
11524 HIGHWAY 92 EAST
SEFFNER 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ 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 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

William Stevens 6/8/95 622-8698

CR2E034 (3/95)