

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 -1 11:10:53

DOCUMENT # **L68468**

(2)

1. Corporation Name
GWB, INC.

Principal Place of Business
**8033 NW 47TH DR.
CORAL SPRINGS FL 33067**

Mailing Address
**8033 NW 47TH DR.
CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1990** 3a. Date of Last Report **03/24/1994**

4. FEI Number **65-0198508** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE, BURL F.
790 EAST BROWARD BLVD
SUITE 400
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 the corporation)

(Typed Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BULL, JOHN G.**
STREET ADDRESS **790 E BROWARD BLVD #400**
CITY ST ZIP **FT LAUDERDALE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DECEASED**
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE **VPD**
NAME **WHITLEY, WALLACE**
STREET ADDRESS **8033 NW 47TH DR**
CITY ST ZIP **CORAL SPRINGS FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PD**
2.3 STREET ADDRESS **WHITLEY, WALLACE**
2.4 CITY ST ZIP **8033 NW 47TH DR.**
CORAL SPRINGS, FL

TITLE **VPD**
NAME **TRIMBLE, RICHARD**
STREET ADDRESS **800 CORP DRIVE**
CITY ST ZIP **FT. LAUDERDALE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE **VPD**
NAME **GARCIA, PAUL**
STREET ADDRESS **10025 VESTAL PL**
CITY ST ZIP **CORAL SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
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 the 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 the 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:

Wallace Whitley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95
Date

505 752-5576
Telephone Number

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****DOCUMENT # L68515 (0)**

1. Corporation Name

ENTERPRISE ALUMINUM & SCREENING, INC.

Principal Place of Business

**4015 PINES WND BLVD
ROCKLEDGE FL 32955
US**

Mailing Address

**890 BARTEL LANE
ROCKLEDGE FL 32955-4154
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3010054

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**8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DARLING, JUDITH
890 BARTEL LANE
ROCKLEDGE FL 32955**

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 date of signature

Signature: Registered Agent signature required when instituting

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP**PD
DARLING, JUDITH
890 BARTEL LANE
ROCKLEDGE FL**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**VD
DARLING, DERRICK
890 BARTEL LANE
ROCKLEDGE FL**TITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
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 ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP☐ Change ☐ Addition6.1 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)(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: DERRICK DARLING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95

Date

Exhibit Number

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sally Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L69734** (6)

1. Corporation Name

DULEDO, INC.

Principal Place of Business

6340 COOPERS GREEN CT.

ORLANDO FL 32809

Mailing Address

6340 COOPERS GREEN CT.

ORLANDO FL 32809

6900 S. O. B Trail
Suite 432
Orlando, FL 32809

6900 S. O. B Trail
Orlando, FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1990

3a. Date of Last Report
05/01/1994

4. FBI Number
59-3051311

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 § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite Apt. #, etc

22. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite Apt. #, etc

27. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINEOLA, INC
6900 S. ORANGE BLOSSOM TR
SUITE 432
ORLANDO FL 32809

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 of person authorized to represent agent (not for registered agent)

Signature of Registered Agent (not for registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PUISSANT, FRANCOIS**
STREET ADDRESS **6900 S. Orange Blossom Tr.**
CITY, ST, ZIP **Orlando, FL 32809**

TITLE **S**
NAME **PUISSANT, FRANCOIS**
STREET ADDRESS **6900 S. Orange Blossom Tr.**
CITY, ST, ZIP **Orlando, FL 32809**

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 ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY, ST, ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY, ST, ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY, ST, ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY, ST, ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

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 119.07(1)(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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** **File**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 8