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 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79452 (3)

1. Corporation Name

INLETS & ASSOCIATES, INC.

Principal Place of Business
816 N. JEFFERSON AVENUE
CLEARWATER FL 34615
US

Mailing Address
816 N. JEFFERSON AVENUE
CLEARWATER FL 34615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1990
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-3075741 ☐ 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
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

9. Name and Address of Current Registered Agent

VANDERVORT, MADISON
1002 DREW ST
CLEARWATER FL 34615

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1-1 TITLE	☐ Change ☐ Addition
NAME	BURNEY, HARRY W JR	1-2 NAME	
STREET ADDRESS	816 N JEFFERSON AVE	1-3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	1-4 CITY-ST-ZIP	
TITLE	VD	2-1 TITLE	☐ Change ☐ Addition
NAME	BURNEY, ANTHONY S	2-2 NAME	
STREET ADDRESS	1310 SPRUCE ST	2-3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2-4 CITY-ST-ZIP	
TITLE	VD	3-1 TITLE	☐ Change ☐ Addition
NAME	BURNEY, DOROTHEA D	3-2 NAME	
STREET ADDRESS	263 MILWAUKEE AVE #310	3-3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3-4 CITY-ST-ZIP	
TITLE		4-1 TITLE	☐ Change ☐ Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY-ST-ZIP		4-4 CITY-ST-ZIP	
TITLE		5-1 TITLE	☐ Change ☐ Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY-ST-ZIP		5-4 CITY-ST-ZIP	
TITLE		6-1 TITLE	☐ Change ☐ Addition
NAME		6-2 NAME	
STREET ADDRESS		6-3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Harry W. Burney Jr. Harry W. Burney Jr, Presi. 5/19-95 (813) 443.0195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0355025 CP

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ANNUAL REPORT
1995

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

APPROVED
AND
FILED

MAY 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L79534** **(8)**

1. Corporate Name

KB MARKETING, INC.

Principal Place of Business

C/O KATHRYN BARR PARK
8611 CITATION DR.
PALM BEACH GARDENS FL 33418-6063

Mailing Address

C/O KATHRYN BARR PARK
8611 CITATION DR.
PALM BEACH GARDENS FL 33418-6063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1990**	3a. Date of Last Report: **07/12/1994**
4. FEI Number: **65-0205832**	☐ 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 filed, or attempted to file, a Florida Statute ☒ Yes ☐ No	

2. Principal Place of Business
21
22 Suite, Apt. # or Bldg.
23 City & State
24 Zip 25 County

26 Mailing Address
27 Suite, Apt. # or Bldg.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

PARK, KATHRYN BARR
8611 CITATION DR.
PALM BEACH GARDENS FL 33418-6063

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 Section 607.325, 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. The corporation agrees that it will continue to comply with the provisions of Section 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTOR DATA		13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA	
Title	PD	Title	☐ Change ☐ Addition
Name	PARK, KATHRYN BARR	Name	
Street Address	8611 CITATION DR.	Street Address	
City-State-Zip	PALM BCH GARDENS FL	City-State-Zip	
Title	ST	Title	☐ Change ☐ Addition
Name	PARK, KATHRYN BARR	Name	
Street Address	8611 CITATION DR.	Street Address	
City-State-Zip	PALM BCH GARDENS FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 attached sheet with an address.

SIGNATURE: Kathryn Barr Park Kathryn Barr Park
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 1995 407-622-5976
Date Daytime Phone #

0203897 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L79831** **(8)**

1. Corporation Name

DEBORAH'S NURSING SERVICES, INC.

Principal Place of Business	Mailing Address
3221 NE 16TH ST POMPANO BEACH FL 33062	3221 NE 16TH ST POMPANO BEACH FL 33062

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1990	05/23/1994

4. FEI Number: 65-0199554 — [ ] 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. [✓] Yes [ ] No

2. Principal Place of Business (21–25) — 2a. Mailing Address (26–30): blank

9. Name and Address of Current Registered Agent

LUBER, DEBORAH
3221 NE 16TH ST
POMPANO BEACH FL 33062

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. (statement text illegible)

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUBER, DEBORAH
STREET ADDRESS	3221 NE 16TH ST
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — blank ([ ] Change [ ] Addition)

14. (certification text illegible)

SIGNATURE: Deborah Luber (signature) — 5/1/95 — 305 785 2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0104839 CP

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1995

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95 MAY 22 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L80073 (4)

1. Corporation Name

AL VIN AIR CONDITIONING AND REFRIGERATION SERVIC
E, INC.

Principal Place of Business: 4181 COCONUT BLVD, WEST PALM BEACH FL 33411

Mailing Address: 4181 COCONUT BLVD, WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1990

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

4. FEI Number: 65-0255631 [ ] 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. 199.023, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business

21

22

23

24 | 25

2a. Mailing Address

26 962 Northlake Blvd

27 Suite, Apt. # etc. 178

28 City & State: Lake Park

29 Zip: 33403 | 30 Country: USA

9. Name and Address of Current Registered Agent

GASPARI, DAVID M.
1555 PALM BEACH LAKES BLVD
SUITE 1600
WEST PALM BEACH FL 33402-2069

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. [illegible]

SIGNATURE

12.

PVST
PADILLA, ALLEN
933 EUCALYPTUS RD
NORTH PALM BEACH FL

13. ADDITIONAL/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing ... [illegible] ... Florida Statutes ... and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allen Padilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 (407) 775-7158
Date | Daytime Phone #

0261031 CP

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AND
FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **L80631** **(9)**

1. Corporation Name:

SUM TRADING COMPANY

Principal Place of Business	Mailing Address
% SALLY MIER 9501 ARLINGTON EXPRSWAY. NO. 260 JACKSONVILLE FL 32225	% SALLY MIER 9501 ARLINGTON EXPRSWAY. NO. 260 JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1990**	3a. Date of Last Report: **07/05/1994**
4. FEI Number: **59-3042134**	☐ 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIER, SALLY **9501 ARLINGTON EXPRESSWAY** **NO. 260** **JACKSONVILLE FL 32225**	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 (Required if this is a change of registered agent. Typed or printed name of registered agent and date must also be entered.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	D	01 Title	☐ Change ☐ Addition
02 Name	MIER, RICHARD	02 Name	
03 Street Address	9501 ARLINGTON EXPRSWAY	03 Street Address	
04 City, St, Zip	JACKSONVILLE FL	04 City, St, Zip	
05 Title	D	05 Title	☐ Change ☐ Addition
06 Name	MIER, SALLY	06 Name	
07 Street Address	9501 ARLINGTON EXPRSWAY	07 Street Address	
08 City, St, Zip	JACKSONVILLE FL	08 City, St, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 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 1 or Block 13 above, or on an attachment with an address.

SIGNATURE: Sally Mier 5/19/95 VICE PRES. 9/30
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE

0408420 FP