

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 12:03

DOCUMENT # **L86133** (0)

1. Corporation Name

HIGH SPRINGS PLUMBING & ELECTRIC, INC.

Principal Place of Business

C/O JOSEPH W. DAVIS
RTE 2 BOX 1197
HIGH SPRINGS FL 32643

Mailing Address

C/O JOSEPH W. DAVIS
RTE 2 BOX 1197
HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1990

3a. Date of Last Report

04/07/1994

4. FEI Number

59-1388086

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 At our home

26 Rt 2 Box 1197

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 High Springs, FL

28 High Springs, FL

24 Zip Country

29 Zip Country

32643

25 Alachua

32643

30 Alachua

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JOSEPH W.
RT. 2 BOX 1197
HIGH SPRINGS FL 32643

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP
D
DAVIS, JOSEPH W.
RT 2 BOX 1197
HIGH SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP
D
DAVIS, DONALD R.
RT 2 BOX 1197
HIGH SPRINGS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

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 119.07(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 on Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Joseph W. Davis

Joseph W. Davis

3/27/95

904-454-1407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

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ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PH 12: 54

DOCUMENT # L86218 (9)

1. Corporation Name

TRANSTATE MOTOR CLUB, INC.

Principal Place of Business

**830 N.W. 13TH STREET
GAINESVILLE FL 32601**

Mailing Address

**830 N.W. 13TH STREET
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

02/24/1994

4. FEI Number

59-3015550

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

Country

24

25. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HAZY, CAROL M
830 N.W. 13TH STREET
GAINESVILLE FL 32601**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HAZY, VICTOR
6025 NW 58TH PLACE
GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
ENLOW, LOWELL M
234 MARIAH COURT
MERRITT ISLAND FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
MALONE, JAMES
1907 BLANDING BLVD.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
SMITH, STEPHEN M
568 VOLUSIA AVENUE
DAYTONA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DOBRY, HAL R
832 N. DIXIE HIGHWAY
LAKE WORTH FL**

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

3/28/95

Date

904-377-7283

Telephone Number

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

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ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:23

DOCUMENT # **L86578** (6)

1. Corporation Name

JIM ALEXANDER CONSTRUCTION, INC.

Principal Place of Business

**10836 SE 72TH TERR
BELLEVUE FL 34420
US**

Mailing Address

**P.O. BOX 2229
BELLEVUE FL 34421
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/12/1990

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

2a. Mailing Address

4. FCI Number

59-3020817

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

**ALEXANDER, JAMES R.
10836 SE 72 TERR
BELLEVUE FL 34420**

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 certifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	ALEXANDER, JAMES R
STREET ADDRESS	10836 SE 72 TERR
CITY - ST - ZIP	BELLEVUE FL 34420
TITLE	S
NAME	ALEXANDER, JAMES R
STREET ADDRESS	10836 SE 72 TERR
CITY - ST - ZIP	BELLEVUE FL 34420
TITLE	DVP
NAME	ALEXANDER, DIANE E
STREET ADDRESS	10836 SE 72 TERR
CITY - ST - ZIP	BELLEVUE FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE: *James R. Alexander* **James R. Alexander** 3/22/95 904.245.1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR