FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(Profit and Nonprofit Corporations)

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92122** **(5)**

1. Corporate Name

CUSTOM FINANCIAL SERVICES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
840 C.R. 427 S. LONGWOOD FL 32750	280 C. R. 427 SOUTH LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **08/09/1990**

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

2. Previous Name of Business (21)

2a. Mailing Address (26)

4. FEI Number: **59-3037688** ☐ Applied For ☐ Not Applicable

State, Apt. # etc. (22) / (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / County (25) / Zip (29) / County (30)

8. This corporation has liability for intangible tax under § 199.042 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLSON, ROBERTA L.
280 C.R. 427 SOUTH
LONGWOOD FL 32750

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 607.0502 and 607.1908, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, this must be signed by the new Registered Agent) (Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
31 Title 32 Name 33 Street Address 34 City-St-Zip	D SARGENT, RON O. 319 MARJORIE BLVD LONGWOOD FL	☐ Change ☐ Addition
35 Title 36 Name 37 Street Address 38 City-St-Zip	D ZUCCHI, TERRI 2550 STAG RUN BLVD #529 CLEARWATER FL	☐ Change ☐ Addition
39 Title 40 Name 41 Street Address 42 City-St-Zip	D NICHOLSON, ROBERTA L 319 MARJORIE BLVD LONGWOOD FL	☐ Change ☐ Addition
43 Title 44 Name 45 Street Address 46 City-St-Zip		☐ Change ☐ Addition
47 Title 48 Name 49 Street Address 50 City-St-Zip		☐ Change ☐ Addition
51 Title 52 Name 53 Street Address 54 City-St-Zip		☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing, pursuant to Section 607.0502, Florida Statutes, is true. 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 above or on an attachment with an address.

SIGNATURE: Roberta L. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Telephone #)

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY ... PM 12:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L95099 (2)

1. Corporation Name

A-Z PRECAST CONCRETE PRODUCTS, INC.

Principal Place of Business	Mailing Address
822 ANCLOTE RD. P.O. BOX 519 TARPON SPRINGS FL 34688-0519	822 ANCLOTE RD. P.O. BOX 519 TARPON SPRINGS FL 34688-0519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4451 8TH AVE. S.	2a. Mailing Address: 26 4451 8TH AVE. S.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ST. PETERSBURG, FL	28 City & State: ST. PETERSBURG, FL
24 Zip: 33711 — 25 County: PINELLAS	29 Zip: 33711 — 30 County: PINELLAS

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3023171 — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

PERRI, FRANK R.
1460 50TH AVE. N.E.
ST. PATERSBURG FL 33703

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 617.0502, 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PERRI, FRANK R.
STREET ADDRESS	1460 50TH AVE. NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	S
NAME	PERRI, TRACY A.
STREET ADDRESS	1460 50TH AVE. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL

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)(x), 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: Tracy A. Perri TRACY A. PERRI — 5/15/95 — (813) 321 6000

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

0461391 FP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 ... AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L95400 (2)

1. Corporation Name
ART SOURCES, INC.

Principal Place of Business	Mailing Address
927 LINCOLN ROAD MIAMI BEACH FL 33139	927 LINCOLN ROAD MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-3031839 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

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

SHERES, SAMUEL
20191 E COUNTRY CLUB DRIVE
N MIAMI BCH, FL 33180

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 617.1508, 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	P	11 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, LISA	12 NAME	
STREET ADDRESS	927 LINCOLN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 an address.

SIGNATURE: Lisa A. Austin 5/17/95 305 673 1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147471 CP