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 APR 25 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92922 (8)

1. Corporation Name
TAMIAMI VILLAGE UTILITY, INC.

Principal Place of Business	Mailing Address
~~PO BOX 4777~~ NORTH FT MYERS FL 33918 US	~~PO BOX 4777~~ NORTH FT MYERS FL 33918 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 P O BOX 4458	26 P O BOX 4458
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N. FT. MYERS FL	City & State 28 N FT MYERS FL
Zip / Country 24 33918 25 LEE	Zip / Country 29 33918 30 LEE

4. FEI Number: 65-0124050 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLETT, SARA
16267 PELICAN DR
N FT MYERS FL 33903

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KARMAZYN, EDWARD J 9218 BONITA DR NORTH FT MYERS FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLISON, WILLIAM A 251 CITRON WAY NORTH FT MYERS FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILLETT, ELMER L. 16267 PELICAN DRIVE NORTH FT. MYERS FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WILLETT, SARA L 16267 PELICAN DR NORTH FT MYERS FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~GALU, WILLIAM J~~ ~~15 GALAXY WAY~~ ~~NORTH FT MYERS FL~~	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DP STEWART, ROBERT P 9063 FLAMINGO CIRCLE N FT MYERS FL 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRENCH, THOMAS F. 9212 BONITA DR. NORTH FT MYERS FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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)(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: Sara Willett, SARA WILLETT 4-20-95 813-656-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040201 FP

TAMIAMI VILLAGE UTILITY, INC.
P. O. BOX 4458
N. FT. MYERS FL 33918-4458
813-656-0002

L92922

D
BEAUDOIN, MELVA
45 MERCURY LANE
N FT MYERS FL 33903

D
RUF, BETTY JO
9030 ARBOR DRIVE
N FT MYERS FL 33903

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 APR 25 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92992** (1)

1. Corporation Name
RESEARCH DEVELOPMENT CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
524 FERNWOOD DRIVE ALTAMONTE SPRINGS FL 32701	524 FERNWOOD DRIVE ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/09/1990**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-3018326** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

REPSTIEN, ROGER, A
524 FERNWOOD DRIVE
ALTAMONTE SPRINGS FL 32701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	REPSTIEN, ROGER A.	1.2 NAME	
STREET ADDRESS	524 FERNWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	REPSTIEN, SHIRLEY K.	2.2 NAME	
STREET ADDRESS	524 FERNWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ Roger A. Repstien 4/20/95 407 830 6552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034093 CP