

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
35 JUN 14 AM 10:03

DOCUMENT # M67603

(4)

1. Corporation Name

DURKEE ENTERPRISES, INC.

Principal Place of Business

C/O THOMAS S. DURKEE
3951 N.E. 17TH AVENUE
POMPANO BEACH FL 33064

Mailing Address

C/O THOMAS S. DURKEE
3951 N.E. 17TH AVENUE
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1988

3a. Date of Last Report

05/26/1994

4. FEI Number

65-0029321

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. 198.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURKEE, THOMAS S.
3951 N.E. 17TH AVENUE
POMPANO BEACH FL 33064

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 then if applicable)

(803) Registered Agent signature required when handling

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
1	DURKEE, THOMAS S.	3951 N.E. 17TH AVE.	POMPANO BEACH FL
2			
3			
4			
5			
6			
7			
8			
9			
10			

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐
7				☐	☐
8				☐	☐
9				☐	☐
10				☐	☐

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)(g), 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: *Thomas S. Durkee* *Thomas S. Durkee* 6/9/95 305 941-0420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
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1995**



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Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M68141 (4)

1. Corporation Name
SONG CONNOLLY, INC.

Principal Place of Business Mailing Address
707 CAMELLIA COURT SEFFNER FL 33584-4569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/08/1988** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-2871579** 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 (1)(2) Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **3718 John Moore Rd** 26 **3718 John Moore Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **BRANDON, FL** 27 **BRANDON, FL**
City & State City & State
23 **33510 Hills** 28 **33510 Hills**
Country Zip Country Zip
24 ☐ 25 ☐ 29 ☐ 30 ☐

9. Name and Address of Current Registered Agent

**DURKIN, WILLIAM H.
108 W. WINDHORST RD.
#101
BRANDON FL 33510-2429**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
P **SONG, CONNOLLY**
707 CAMELLIA CT.
SEFFNER FL
S **BROMLEY, W.**
1004 MOOK RD.
BRANDON FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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: Song Connolly Song Connolly 6/9/95 (P/B) 689-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/95)

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1995**



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 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # M68751

(0)

1. Corporation Name

INDUCON CORPORATION

Principal Place of Business

2632 NW 43RD STREET, F-8
 GAINESVILLE FL 32606-4438

Mailing Address

2632 NW 43RD STREET, F-8
 GAINESVILLE FL 32606-4438

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1988

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2899595

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. 195a.032,
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENKINS, JOE C. III
 1927 NW 8TH AVE.
 GAINESVILLE FL 32603

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

PD
 JENKINS, JOE C. III
 1927 NW 8TH AVE.
 GAINESVILLE FL 32603

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

VD
 BENNETT, MARK E.
 3635 NW 23RD AVE.
 GAINESVILLE FL 32605

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

STD
 NESMITH, CHRISTOPHER C.
 RT 2 BOX 384
 NEWBERRY FL 32669

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

VD
 ANDERSEN, NIELS W.
 P.O. BOX 23 N/A
 BRONSON FL 32621

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-STATE-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)(d), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CP2E034 (3/95)