

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # M87126

(2)

JOHNNY GLASS CO. INC.

APPROVED
(Stamp)

97 MAY - 1 JUN 1995

65-0070299
17 JUN 1995 10:00 AM

163 SUNNY ISLES BLVD
MIAMI FL 33160

163 SUNNY ISLES BLVD
MIAMI FL 33160

EXP. DATE: 06/27/1998

2. Principal Office Location	26. Mailing Address
21. State of Incorporation	26. Mailing Address
22. County of Incorporation	27. State of Incorporation
23. City of Incorporation	28. City of Incorporation
24. Zip Code of Incorporation	29. Zip Code of Incorporation
25. Name of Current Registered Agent	30. Name of New Registered Agent

3. Date of Incorporation or Reorganization	3a. Date of Last Report
06/27/1988	05/01/1994
4. FIC Number	Applied For (Not Applicable)
65-0070299	
5. Certificate of Status Fee	\$8.75 Additional Fee Required
6. Has Donor Contribution Reporting Been Filed Contribution	\$5.00 May Be Added to Fees
7. Is corporation a domestic corporation?	Yes ☒ No ☐
8. Is corporation a foreign corporation?	Yes ☐ No ☒

**AMPUDIA, JUAN
163 SUNNY ISLES BLVD
MIAMI FL 33160**

81. Name	
82. Street Address (or P.O. Box Number or Post Office)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

12. Name of Registered Agent	13. Address of Registered Agent
P AMPUDIA, JUAN 16400 N.E. 31ST AVE. N. MIAMI FL	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE **AMPUDIA, JUAN**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR AUTHORIZED PERSON

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
NATURAL RESOURCES
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

APPROVED
7/13/95

DOCUMENT # M87186

(6)

30 MAY 1995 10:51

G.S. FAIGA DENTAL STUDIO, INC.

1100 W. 10TH AVE
TALLAHASSEE, FLORIDA

2. Name of Corporation
% GARY FAIGA
1408 S. HOPKINS
TITUSVILLE FL 32780
US

2a. Mailing Address
% GARY FAIGA
1408 S. HOPKINS
TITUSVILLE FL 32780
US

3. Date of Incorporation

07/01/1988

08/11/1994

21. 5529 Flint Road

26. 5529 Flint Road

4. File Number
59-2896908

Approved For
Not Applicable

23. COCOA, FL

28. COCOA, FL 32927

5. Certificate of Status Document

\$8.75 Additional
Fee Required

24. 32927 25. USA

29. 32927 30. USA

6. Exemption Certificate Document

\$5.00 May Be
Added to Fees

8. The corporation has not paid any of the following taxes: (check one)
Federal Income Tax ☐ State Income Tax ☐ Sales Tax ☐ Other ☐

9. Name and Address of Current Registered Agent

FAIGA, GARY
1191-2 DELESPINE RD.
COCOA FL 32927

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box is permitted as first registration)

83.

84.

FL

85. City

11. The corporation has not paid any of the following taxes: (check one)
Federal Income Tax ☐ State Income Tax ☐ Sales Tax ☐ Other ☐

12. P
FAIGA, GARY
5529 FLINT RD.
COCOA FL
V
FAIGA, CECILIA
5529 FLINT RD
COCOA FL

13. Agent for Service of Process (Name and Address)

14. Agent for Service of Process (Name and Address)

15. Agent for Service of Process (Name and Address)

16. Agent for Service of Process (Name and Address)

17. Agent for Service of Process (Name and Address)

18. Agent for Service of Process (Name and Address)

19. Agent for Service of Process (Name and Address)

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39. Agent for Service of Process (Name and Address)

40. Agent for Service of Process (Name and Address)

SIGNATURE:

[Signature] VP

7/1/95 407 631-3005

PRINTED NAME OF SIGNER OR DIRECTOR

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REGISTRATION
ANNUAL REPORT

1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88867

(0)

HOME BUYERS WARRANTY CORPORATION VI

2313 E ATLANTIC BLVD
POMPAHO BEACH FL 33062

2313 E ATLANTIC BLVD
POMPAHO BEACH FL 33062

APR 10 1995

9:11 AM

TALLAHASSEE, FLORIDA

3. Date of Report		3b. Date of Last Report	
07/08/1988		05/10/1994	
4. License Number		Applied For	
65-0061611		Not Applicable	
5. Contribution to State Fund		\$8.75 Additional Fee Required	
6. Election Campaigns Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This report is being filed by the registered agent of the corporation.		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BONHAM, ROBERT Y.
2313 E ATLANTIC BLVD
POMPAHO BEACH FL 33062

81. Name	
82. Street Address	
83. City	
84. State	FL
85. Zip Code	

12. DP BONHAM, ROBERT Y. 2313 E ATLANTIC BLVD POMPAHO BEACH FL DST ANGELBELLO, PATTY 2313 E ATLANTIC BLVD POMPAHO BEACH FL	13. DP ANGELBELLO, PATTY 2313 E ATLANTIC BLVD POMPAHO BEACH FL DST BONHAM, ROBERT Y. 2313 E ATLANTIC BLVD POMPAHO BEACH FL
---	---

14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same was prepared and filed by me or under my supervision and control.

SIGNATURE:

Robert Y. Bonham

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

May 1, 1995 1800 7764296

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
FILED

05 MAY -1 AM 10:37

DOCUMENT # **M89168**

(2)

ROBIN'S NEST, INC. OF LAKE CITY

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RT 1 BOX 1013
O'BRIEN FL 32071
US

RT 1 BOX 1013
O'BRIEN FL 32071
US

21	26	3. Date of Report	3a. Date of Report
22	27	07/05/1988	04/05/1994
23	28	4. Filing Number	Applied For
24	29	59-2904308	Not Applicable
	30	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		6. Election Campaign Financing and Fundraising Contributions	\$5.00 May Be Added to Fees
		6. Election Campaign Financing and Fundraising Contributions	

9. Name and Address of Current Registered Agent

BEARDSLEY, DALE A.
4215 SOUTHPOINT BLVD.
SUITE 260
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81	Name
82	Current Address, if 81 Box Number is Not Applicable
83	
84	City
85	State

FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report of the corporation as required by law, and that the same has been duly adopted by the corporation, and that the same is a true and correct copy of the report of the corporation as required by law.

12. Name and Address of Agent	13. Name and Address of Agent
PD ROBINSON, JOHN D., JR. RT 1 BOX 1013 O'BRIEN FL VD ROBINSON, MARGA RT 1 BOX 1013 O'BRIEN FL	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report of the corporation as required by law, and that the same has been duly adopted by the corporation, and that the same is a true and correct copy of the report of the corporation as required by law.

SIGNATURE: *Marga Robinson* MARGA ROBINSON 2-20-95 904-285-3919

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
www.flsos.org

APPROVED
AND
FILED

DOCUMENT # **M89486**

(8)

07/13/1988 04/22/1994

NORTH FLORIDA SUNBURST CORPORATION

TALLAHASSEE, FLORIDA

1. Principal Office Address % SHARON R. HILL 2 CEDAR TRACE LANE OCALA FL 32672-8345		2a. Mailing Address % SHARON R. HILL 2 CEDAR TRACE LANE OCALA FL 32672-8345		3. Filing Date 07/13/1988		3a. Filing Date Report 04/22/1994	
2. Filing Agent Information 21		2a. Mailing Agent Information 26		4. Filing Agent NOT APPLICABLE		4a. Filing Agent Applied For ☐ Not Applicable	
22		27		5. Contribution of Outside Director \$8.75 Additional Fee Required		6. Election Campaign Expenses and Trust Fund Contributions \$5.00 May Be Added to Fees	
23		28		8. They certify that the information furnished is true and correct to the best of their knowledge and belief. Florida Statute		9. Name and Address of Current Registered Agent HILL, SHARON R. 2 CEDAR TRACE LANE OCALA FL 32672	
24		29		30		10. Name and Address of New Registered Agent 81. Name 82. Street Address, City, Box Number or Post Office Box 83. 84. State FL 85. Zip Code	
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I am duly qualified to execute this certificate.							
12.				13.			
DP HILL, GERARD R. 2 CEDAR TRACE LANE Ocala FL				DV HILL, SHARON R. 2 CEDAR TRACE LANE Ocala FL			

SIGNATURE:

Sharon R Hill
SHARON R. HILL

April 25/95 904
687-2284