

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 15 1995

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M90727

(2)

1. Corporation Name

QUALITY ROOFING SERVICES, INC.

Principal Place of Business

% GEORGE BRADLEY STEINEMANN
1225 BENNETT DR. STE 121
LONGWOOD FL 32750
US

Mailing Address

C/O GEORGE BRADLEY STEINEMANN
1225 BENNETT DR. STE 121
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1988

3a. Date of Last Report
04/20/1994

4. FEI Number
59-2903665

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. The corporation has liability for intangible tax under § 199.019
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. P.O. Box 520701

2a. Mailing Address

25. P.O. Box 520701

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23. Longwood, FL.

City & State

27. Longwood, FL.

24. 32752-0701

29. 32752-0701

9. Name and Address of Current Registered Agent

STEINEMANN, GEORGE BRADLEY
425 DEVON PLACE
HEATHROW FL 32748

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: Registrant's Agent signature required when renewing)

(A1)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
STEINEMANN, GEORGE BRADLEY
425 DEVON PLACE
HEATHROW FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DST
STEINEMANN, CINDY
425 DEVON PLACE
HEATHROW FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VP / OFFICE
Warren Drummond
212 Plaza Circle
Casselberry, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 9:20

DOCUMENT # M91994

(7)

1. Corporation Name

BSD ENTERPRISES, INC.

Principal Place of Business

11050 WILES RD. SUITE 105
SUITE 105
CORAL SPRINGS FL 33076-2104

Mailing Address

11050 WILES RD. SUITE 105
SUITE 105
CORAL SPRINGS FL 33076-2104

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/01/1988

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

21 11767 SW 1st St.

2a. Mailing Address

26 SAME

4. FEI Number

65-0071512

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 CORAL SPRINGS FL.

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33071

25 U.S.

29

30

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

WHITLEY, CHARLES
11050 WILES RD
SUITE 105
CORAL SPRINGS FL 33065

Address
Change

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11767 SW 1st St.

83

84 City

CORAL SPRINGS

FL

85 Zip Code
33071

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

Charles Whitley

(NOTE: Registered Agent signature required when reinstating)

6-10-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
DST	WHITLEY, MARY	3730 CORAL TREE CIR	COCONUT CREEK FL
DP	WHITLEY, CHARLES	3730 CORAL TREE CIR	COCONUT CREEK FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	Change	Addition
		11767 SW 1st St.	CORAL SPRINGS, FL. 33071	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	Change	Addition
		11767 SW 1st St.	CORAL SPRINGS, FL. 33071	☒	☐
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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Whitley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-95 (305)344-0046

DATE (Type Name)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M92000 (2)

1. Corporation Name

JIM'S PIANO & ORGAN SERVICE, INC.

Principal Place of Business

5772 MANDY LN
TALLAHASSEE FL 32304
US

Mailing Address

1309 DOMINGO DR
TALLAHASSEE FL 32304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1988

3a. Date of Last Report
03/09/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2901867

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

BRUCE A. MINNICK, ESQ.
MANQ, RETT & COLLETTE, P.A.
660 E JEFFERSON ST
TALLAHASSEE FL 32301

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 the filer)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	SIMS, JAMES REESE	1309 DOMINGO DRIVE	TALLAHASSEE FL
D	SIMS, JAMES RANDALL	1309 DOMINGO DRIVE	TALLAHASSEE FL
D	SIMS, LINDA D.	1309 DOMINGO DRIVE	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11				☐	☐
12				☐	☐
13				☐	☐
14				☐	☐
21				☐	☐
22				☐	☐
23				☐	☐
24				☐	☐
31				☐	☐
32				☐	☐
33				☐	☐
34				☐	☐
41				☐	☐
42				☐	☐
43				☐	☐
44				☐	☐
51				☐	☐
52				☐	☐
53				☐	☐
54				☐	☐
61				☐	☐
62				☐	☐
63				☐	☐
64				☐	☐

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 11 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95 (904)
545-82201