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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:01

DOCUMENT # **P31978** **(0)**

1. Corporation Name

LEWIS ROSE & COMPANY

Principal Place of Business	Mailing Address
7770 W. OAKLAND PARK BLVD. SUITRE 270 FT. LAUDERDALE FL 33351 US	7770 W. OAKLAND PARK BLVD. SUITE 270 FT. LAUDERDALE FL 33351 US

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: 12/03/1990
3a. Date of Last Report: 10/10/1994
4. FEI Number: 91-1331300 ☐ 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

MEISLER, MICHAEL C., ESQ.
1750 UNIVERSITY DR
STE 201
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: Meisler & Smith, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 10711 West Sample Road
83 Suite 202
84 City: Coral Springs FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: _____ 5/30/95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	KAVALIN, DAVID	12 NAME	
STREET ADDRESS	7770 W. OAKLAND PARK BLVD. #270	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
TITLE	PTS	21 TITLE	☐ Change ☐ Addition
NAME	KAVALIN, DAVID	22 NAME	
STREET ADDRESS	7770 W. OAKLAND PARK BLVD. #270	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	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)(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: _____ DAVID KAVALIN 5/31/95 (305) 741-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR3A000 CP

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DIVISION OF CORPORATIONS

FILED
STATE

DOCUMENT # **P32003** **(6)**

1. Corporation Name
HGS CONSTRUCTION CO.

Principal Place of Business	Mailing Address
3401 NORTH BROADWAY **ST LOUIS MO 63147**	**3401 NORTH BROADWAY** **ST LOUIS MO 63147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/03/1990	**03/15/1994**

2. Principal Place of Business	2a. Mailing Address
21	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 **43-1488143** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	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	C	11 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, HERMAN F., JR.	12 NAME	
STREET ADDRESS	3401 NORTH BROADWAY	13 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MITCHLER, STEVEN C.	22 NAME	
STREET ADDRESS	3401 NORTH BROADWAY	23 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, GENE	32 NAME	
STREET ADDRESS	3401 NORTH BROADWAY	33 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KAMP, MARK E.	42 NAME	
STREET ADDRESS	3401 NORTH BROADWAY	43 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	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)(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, added or deleted.

SIGNATURE: H. F. Schwartz HERMAN F. SCHWARTZ 5/30/95 (314) 621-3333
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date (Area Code & Daytime Phone #)

P

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32226** **(3)**

1. Corporation Name

D.H. GRIFFIN WRECKING COMPANY, INC.

Principal Place of Business	Mailing Address
PO BOX 7657 GREENSBORO NC 27417-0657	PO BOX 7657 GREENSBORO NC 27417-0657

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1990**
3a. Date of Last Report: **03/08/1994**

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

4. FEI Number: **56-0897274** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, D.H., SR.	12 NAME	
STREET ADDRESS	4700 HILLTOP RD.	13 STREET ADDRESS	
CITY ST ZIP	GREENSBORO NC	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, MARYLENE F.	22 NAME	
STREET ADDRESS	4700 HILLTOP RD.	23 STREET ADDRESS	
CITY ST ZIP	GREENSBORO NC	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CARROLL, JUAN K.	32 NAME	
STREET ADDRESS	4700 HILLTOP RD.	33 STREET ADDRESS	
CITY ST ZIP	GREENSBORO NC	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, BENITA G.	42 NAME	
STREET ADDRESS	4700 HILLTOP RD.	43 STREET ADDRESS	
CITY ST ZIP	GREENSBORO NC	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)(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: Juan K Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Juan K Carroll, V. President

0477033 FP