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 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009107 (3)

1. Corporate Name
J & P EXTERMINATING CORP.

Principal Place of Business
3221 NW 30TH ST.
MIAMI FL 33125
US

Mailing Address
3221 NW 30TH ST.
MIAMI FL 33125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1992
3a. Date of Last Report: 07/29/1994

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

4. FEI Number: 65-0363525 ☐ 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. 199.07 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLEITAS, ROBERT A
1315 N.E. 140 ST.
N. MIAMI FL 33161

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 Section 607.0505, Florida Statutes, the above named corporation submits the 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, thereby accepting the appointment as registered agent and the agent's obligations under Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

PDS
FLEITAS, ROBERT A
1315 N.E. 140 ST.
N. MIAMI FL 33161

13. ADDITIONAL NAMES AND ADDRESSES, IF ANY, OF OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing 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 with an address.

SIGNATURE: ✓

SIGNATURE(S) & PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95
Date

0427326 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

DOCUMENT # **P92000009414 (3)**

PFA, INCORPORATED

1375 NE 199 STREET
MIAMI FL 33179

1375 NE 199 STREET
MIAMI FL 33179

3. 12/03/1992

3a. 05/01/1994

2. Principal Place of Business

21 3138 Commodore Plaza

22 # 7

23 MIAMI FL

24 33133 25

2a. Mailing Address

26 3138 Commodore Plaza

27 # 7

28 MIAMI FL

29 33133 30

4. FEI Number
65-0368376

Applied For
Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name of Contact Person and Daytime Telephone Number of Contact Person $5.00 May Be Added to Fees

8. This corporation is subject to provisions of Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SILVERSTEIN, FRANK
2010 NE 211 ST.
MIAMI FL 33179

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and/or its registered agent has resigned and the successor registered agent is authorized to execute the resignation on behalf of the registered agent. The successor registered agent, having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, hereby accepts the appointment as registered agent and agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Florida Statutes.

SIGNATURE

12.

TYPE	PT
NAME	SILVERSTEIN, FRANK
MAILING ADDRESS	2010 NE 211 ST.
CITY/STATE	MIAMI FL
TYPE	VPS
NAME	PRIGOSHIN, PEDRO
MAILING ADDRESS	3421 NE 178 ST.
CITY/STATE	NORTH MIAMI BEACH FL

13. Add me as an additional director Change Add/Delete

14. To the best of my knowledge, the information indicated on this report complies with the applicable provisions of Florida Statutes. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and my name appears above, or on an attachment with an asterisk.

SIGNATURE: Frank Silverstein - FRANK SILVERSTEIN President 04.30.95 305 947 6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0196063 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P92000009487 (9)

1. U.S. FIDELITY TITLE COMPANY

Principal Place of Business	Mailing Address
~~310 ALHAMBRA CIR~~ 201 Alhambra Circle 8TH FLOOR CORAL GABLES FL 33134	~~310 ALHAMBRA CIR~~ 8TH FLOOR CORAL GABLES FL 33134

3. Date Incorporated/Qualified: 12/04/1992

3a. Date of Last Report: 04/18/1994

4. FEI Number: 65-0378717 — 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. The corporation is organized for profit under Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

KRONGOLD, M R
~~210 ALHAMBRA CIR~~ 201 Alhambra Circle
8TH FLOOR
CORAL GABLES FL 33134

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. Signature of a new registered agent required by Florida Statutes. By signing below, I hereby accept the appointment as registered agent and agree to comply with the provisions of Florida Statutes relative to keeping open said office.

12. Officers and Directors

D
KRONGOLD, M R
201 ALHAMBRA CIR 8TH FLOOR
CORAL GABLES FL 33134

D
BRAFMAN, HOWARD
7900 MIAMI LAKES DR W
MIAMI LAKES FL 33016

13. Additional Changed Officers and Directors

14. I hereby certify that the information supplied with this report is true, complete, and accurate, and is executed in accordance with Florida Statutes. I further certify that I am familiar with and authorized to sign the report on behalf of the corporation or the limited liability company by Florida Statutes. Each Officer and Director listed above must sign this report. A Director must also sign if changes or additions are listed above.

SIGNATURE: Bill M. Davis, Vice Pres 5/1/95 (305)461-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0130078 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED
MAY
1995

95 MAY 22 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009559 (5)

1. Entity Name

CERTIFIED APPRAISAL SERVICES, INC.

Principal Place of Business

1165 SOUTH EDGEWOOD AVENUE
4
JACKSONVILLE FL 32205
US

Mailing Address

1165 SOUTH EDGEWOOD AVENUE
4
JACKSONVILLE FL 32205
US

(DO NOT WRITE IN THIS SPACE)

3. Effective date if applicable: 12/03/1992

3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21
Suite, Apt. or Unit
22
City, State
23
ZIP
24
County
25

2a. Mailing Address
26
Suite, Apt. or Unit
27
City, State
28
ZIP
29
County
30

4. FEI Number: 59-3159175 — 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. Is the corporation currently qualified for tax-exempt status under Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R
712 S EDGEWOOD AVE
JACKSONVILLE FL 32205

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 Section 607.0501 Florida Statute, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is familiar with, and hereby accepts the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all applicable Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

Title: D
Name: WALTER, BILL
Address: 1165 SOUTH EDGEWOOD AVE., #4
City-State-Zip: JACKSONVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title / Name / Address / City-State-Zip — ☐ Change ☐ Addition

Title / Name / Address / City-State-Zip — ☐ Change ☐ Addition

Title / Name / Address / City-State-Zip — ☐ Change ☐ Addition

Title / Name / Address / City-State-Zip — ☐ Change ☐ Addition

Title / Name / Address / City-State-Zip — ☐ Change ☐ Addition

Title / Name / Address / City-State-Zip — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0501 Florida Statutes. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my signature shall be considered a signature of each director or officer listed above for the purpose of their respective duties. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155 Florida Statutes. I understand the requirement to file, within 90 days before the first day of the month in which this report is due, any changes to the information which is required to be reported with respect to officers and directors listed above. I understand that the Annual Report must be received and filed by the Department of State before it can be filed. I understand that this report must be typed or printed.

SIGNATURE: Bill Walter — 5-18-95 — 904 384 4773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0014440 CP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010936 (2)

1. Corporate Name
LAURAY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1218 S. U.S. HWY 1 STUART FL 34994 US	1218 SOUTH U.S. HIGHWAY 1 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 07/14/1994
4. FEI Number: 65-0379917 ☐ 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

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

9. Name and Address of Current Registered Agent

MCNAMARA, RAYMOND P
1218 S. US HIGHWAY #1
STUART FL 34994

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 Section 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	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, RAYMOND P	1.2 NAME	
STREET ADDR	1218 S. U.S. HIGHWAY 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDR		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDR		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDR		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDR		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDR		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: [signature] Ray McNamara 5/17/95 407 2206647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0484906 FP

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 MAY ... AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011072 (5)

1. Corporation Name
DR. THOMAS J. ZANELLA, D.D.S., P.A.

Principal Place of Business:
2790 WEST BAY DR.
BELLEAIR BLUFFS FL 34640
US

Mailing Address:
450 RIVIERA BAY DR. N.E.
ST. PETERSBURG FL 33702
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3157302 — 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

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

9. Name and Address of Current Registered Agent

CORRALES, ARTHUR ESQ.
1602 WEST SLIGH AVENUE
SUITE 100
TAMPA FL 33604

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ZANELLA, THOMAS J DR	1.2 NAME	
STREET ADDRESS	450 RIVIERA BAY DR., N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomas J. Zanella DDS [signature] PA 5/15/95 (813) 583-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
President

0306843 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(Profit and Other Entities)

APPROVED
AND
FILED

15

DOCUMENT # **P92000011754 (8)**

1. Entity Name
J & P MACHINE WORKS, INC.

Principal Place of Business
ROUTE 17 BOX 167
GREENVILLE NC 27834
US

Mailing Address
523 BAHAMA DR.
INDIAN HARBOUR BEACHB FL 32937
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1992**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

State Apt. # or — 22
State Apt. # or — 27

City & State — 23
City & State — 28

Zip — 24 — County — 25
Zip — 29 — County — 30

4. FEI Number: **56-1803221** — 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. Does corporation have equity for intangible tax under F.S. 199.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MCCOY, HUGH E JR
523 BAHAMA DRIVE
INDIAN HARBOUR BEACH FL 32937

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 Section 607.0502 and 607.1008, Florida Statutes, the above named corporation submits the 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

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
Title / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCOY, JOHN P RT. 5 BOX 272-D GREENVILLE NC 27834	[ ] Change [ ] Addition
Title / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCOY, BARBARA H RT.5 BOX 272-D GREENVILLE NC 27834	[ ] Change [ ] Addition
Title / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, HUGH E JR. 523 BAHAMA DR. INDIAN HARBOUR BEACH FL	[ ] Change [ ] Addition
Title / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
Title / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
Title / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

14. I declare (or certify, if applicable) that the information required 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 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 added to the report.

SIGNATURE: John P. McCoy, President — John P. McCoy — 5/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

919-758-1719
Area Code & Daytime Phone Number

0000013 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

PM 10:15

TALLAHASSEE, FLORIDA

DOCUMENT # **P92000012650 (7)**

1. Current Name
CAD/NET COMPUTING, INC.

Current Principal Place of Business	Mailing Address
8040 HIGH POINT BLVD BROOKSVILLE FL 34613	8040 HIGH POINT BLVD BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/16/1992	04/29/1994

2. Current Principal Place of Business	2a. Mailing Address
21	26
State, Zip + 4	State, Zip + 4
22	27
City & State	City & State
23	28
Zip / County	Zip / County
24 / 25	29 / 30

4. FEI Number: 59-3155628 — 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DI ORIO, JOSEPH A 8040 HIGH POINT BLVD BROOKSVILLE FL 34613	81 Name: MONICA Z. LAWSON 82 Street Address (P.O. Box Number is Not Acceptable): 106 S. ALBANY AVE 83 84 City: TAMPA FL 85 Zip Code: 33606

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: Monica Z. Lawson — 5-11-95
(Typed, printed or legible signature of the registered agent appointed above) (Date) (If registered agent is a corporation, signature must be typed and officer's title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	D	41 Title	☒ Change ☐ Addition
32 Name	SPARLING, WALTER E	42 Name	
33 Street Address	8040 HIGH POINT BLVD	43 Street Address	8705 Terra Oaks Rd.
34 City, St, Zip	BROOKSVILLE FL 34613	44 City, St, Zip	Tampa, FL 33637
35 Title	D	45 Title	☐ Change ☐ Addition
36 Name	HORNUNG, KURT J	46 Name	
37 Street Address	8040 HIGH POINT BLVD	47 Street Address	10448 Sheffield Rd.
38 City, St, Zip	BROOKSVILLE FL 34613	48 City, St, Zip	Springhill, FL 34608
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
41 Street Address		51 Street Address	
42 City, St, Zip		52 City, St, Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City, St, Zip		56 City, St, Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City, St, Zip		60 City, St, Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City, St, Zip		64 City, St, Zip	
55 Title		65 Title	☐ Change ☐ Addition
56 Name		66 Name	
57 Street Address		67 Street Address	
58 City, St, Zip		68 City, St, Zip	

14. I declare I certify that the information supplied with this filing is authentically 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: Walter E Sparling — Walter E Sparling — 5/11/95 — 813-780-5631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0458602 FP

FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

APPROVED
FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

DOCUMENT # P92000013062 (4)

1. Entity Name

ERVIN BISHOP CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
19925 ANGEL LANE ODESSA FL 33556 US	P.O BOX 270605 TAMPA FL 33688 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/18/1992	3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-3156492	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 corporate tax under s. 220.02 Florida Statutes: Yes / No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BISHOP, MARYANN 19925 ANGEL LANE ODESSA FL 33556	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 Section 607.193, and/or 617.1928, 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. The 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 607.325, Florida Statutes.

SIGNATURE: Maryann Bishop Maryann Bishop

12. OFFICER AND/OR DIRECTOR	13. ADDITIONAL CHANGES TO OFFICER AND/OR DIRECTOR
P BISHOP, ERVIN W 19925 ANGEL LANE ODESSA FL	Change / Addition
S BISHOP, MARYANN 19925 ANGEL LANE ODESSA FL	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition

14. I/We 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 report or supplemental 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: Maryann Bishop Maryann Bishop 5/15/95 813 920 0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304873 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED
15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000013348 (7)**

1. Entity Name
BAB'S FRUITS & VEGETABLES, INC.

Principal Place of Business
6050 BABCOOK STREET
PALM BAY FL 32909
US

Mailing Address
6050 BABCOCK STREET
PALM BAY FL 32909
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1992**
3a. Date of Last Report: **08/23/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-3176745**
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. This corporation is requesting to be certified for small business purposes as provided by section 288.703, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARABIAN, ROBERT A
SUITE 220
SUITE 228
TAMARAC FL 33321

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 Section 607.0505 and 607.1508 Florida Statutes, the above named corporation submits the 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

(If changing registered agent, registered agent must sign here.) (If changing registered agent, new registered agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 Title	PVTS	41 Title	☐ Change ☐ Addition
32 Name	KINGLAND, GERTRUDE	42 Name	
33 Street Address	6050 BABCOCK STREET	43 Street Address	
34 City-St-Zip	PALM BAY FL	44 City-St-Zip	
35 Title	D	45 Title	☐ Change ☐ Addition
36 Name	KINGLAND, GERTRUDE	46 Name	
37 Street Address	6050 BABCOCK STREET	47 Street Address	
38 City-St-Zip	PALM BAY FL	48 City-St-Zip	
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
Street Address		51 Street Address	
City-St-Zip		52 City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		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 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 above, or on an attachment with an address.

SIGNATURE: GERTRUDE B. KINGLAND 5/25/95 407-951-1175

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone Number

0073088 CP