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 9:53

DOCUMENT # P93000009817 (6)

1. Corporation Name

GULFSTREAM PAINTING, CAULKING, WATERPROOFING, IN C.

Principal Place of Business	Mailing Address
6920 COOLIDGE ST. HOLLYWOOD FL 33024 US	6920 COOLIDGE ST. HOLLYWOOD FL 33024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1993
3a. Date of Last Report: 06/11/1994
4. FEI Number: 65-0391870 — 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	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

9. Name and Address of Current Registered Agent

KINNETT, SAMUEL
6920 COOLIDGE ST.
HOLLYWOOD FL 33024

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KINNETT, SAMUEL	1.2 NAME	
STREET ADDRESS	6920 COOLIDGE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD 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)(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: X Samuel Kinnett — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6-1-95 (Date) — 963-6743 (Daytime Phone #)

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

FILED

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DOCUMENT # P93000009899 (4)

1. Corporation Name

E.S. CONCRETE SERVICE, INC.

Principal Place of Business	Mailing Address
726 E. HARBOR DR. ST. PETERSBURG FL 33705 US	726 E. HARBOR DR. ST. PETERSBURG FL 33705 US

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3119582 ☐ 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	2a. Mailing Address
21 726 EAST HAbor Dr SO	26 726 EAST HAbor Dr SO
Suite, Apt. #, etc. 22 N-A	Suite, Apt. #, etc. 27 N-A
City & State 23 ST. Pete FL.	City & State 28 ST. Pete FL.
Zip 24 33705 Country 25 Pinellass	Zip 29 33705 Country 30 Pinellas

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLY, ENORIS 726 E. HABOR DR., S. ST. PETERSBURG FL 33705	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] President Enoris SLY [signature] June 2-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SLY, ENORIS	1.2 NAME	N/A
STREET ADDRESS	726 EAST HARBOR DRIVE SOUTH	1.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33705	1.4 CITY, ST, ZIP	
TITLE	President - owner	2.1 TITLE	☐ Change ☐ Addition
NAME	Enoris SLY	2.2 NAME	
STREET ADDRESS	726 EAST HAbor Dr SO	2.3 STREET ADDRESS	
CITY, ST, ZIP	ST. Pete FL. 33705	2.4 CITY, ST, ZIP	
TITLE	Treasures	3.1 TITLE	☐ Change ☐ Addition
NAME	Enoris SLY	3.2 NAME	
STREET ADDRESS	726 EAST HAbor Dr SO.	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST. Pete FL. 33705	3.4 CITY, ST, ZIP	
TITLE	Secretary	4.1 TITLE	☐ Change ☐ Addition
NAME	Enoris SLY	4.2 NAME	
STREET ADDRESS	726 East HAbor	4.3 STREET ADDRESS	
CITY, ST, ZIP	ST. Pete FL. 33705	4.4 CITY, ST, ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	Enoris SLY	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	m	6.1 TITLE	☐ Change ☐ Addition
NAME	Enoris SLY	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)(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.

(813) 821-5029

SIGNATURE: [signature] Enoris SLY President June 2-95 468-5828 pager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P93000010079 (0)**

1. Corporation Name
SIGMA TECSYSTEMS, INC.

Principal Place of Business	Mailing Address
19202 BLOUNT ROAD LUTZ FL 33549	19202 BLOUNT ROAD LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1993	3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3184884	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STEFANAKOS, ELIAS K
19202 BLOUNT ROAD
LUTZ FL 33549

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 _____ (Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	STEFANAKOS, ELIAS K.	12 NAME	
STREET ADDRESS	19202 BLOUNT RD.	13 STREET ADDRESS	
CITY ST ZIP	LUTZ FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	STEFANAKOS, KARLENE M.	22 NAME	
STREET ADDRESS	19202 BLOUNT RD.	23 STREET ADDRESS	
CITY ST ZIP	LUTZ FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, THOMAS A.	32 NAME	
STREET ADDRESS	3203 MAYDELL DR.	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	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: ELIAS K. STEFANAKOS E Mstefanakos 5/30/95 813-948-2372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0696744 CP