

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 12:02

DOCUMENT # **P93000018872 (0)**

1. Corporation Name

LAWRENCE WOODWORKING INC.

Principal Place of Business

**6015 HILLTOP AVENUE
PANAMA CITY BEACH FL 32407**

Mailing Address

**6015 HILLTOP AVENUE
PANAMA CITY BEACH FL 32407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2883126 59-3242195

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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 **606-A Commerce Dr.**

2a. Mailing Address

26 **606-A Commerce Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Panama City Beach, FL.**

City & State

28 **Panama City Beach, FL**

Zip Country

24 **32408**

Country

Zip Country

29 **32408**

Country

30

9. Name and Address of Current Registered Agent

**LAWRENCE, JEFFREY P
6015 HILLTOP AVENUE
PANAMA CITY BEACH FL 32407**

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: Registered Agent signature required when warranted)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LAWRENCE, JEFFREY P
STREET ADDRESS	6015 HILLTOP AVE
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	VPD
NAME	LAWRENCE, CHRISTINE
STREET ADDRESS	6015 HILLTOP AVE
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	S
NAME	HOWELL, ANN
STREET ADDRESS	1126 AREAN DR
CITY - ST - ZIP	SOUTHPORT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Jeffrey P. Lawrence* **Jeffrey P. Lawrence** 3/27/95 904-25-1200

(Type and print name of signing officer or director)

Date

Telephone Number

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1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PM 1:07

DOCUMENT # P93000019453 (8)

1. Corporation Name

COMMUNICATIONS PLUS, INC.

Principal Place of Business

6574 N. STATE ROAD 7
#200
COCONUT CREEK FL 33073-3617

Mailing Address

6574 N. STATE ROAD 7
#200
COCONUT CREEK FL 33073-3617

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified 03/11/1993	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0252710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOUGHREY, KATHLEEN S 6574 STATE ROAD 7 #200 COCONUT CREEK FL 33073-3617				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHREY, KATHLEEN S	1.2 NAME	
STREET ADDRESS	6011 N.W. 57 WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL 33067-4408	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHREY, BRIAN F	2.2 NAME	
STREET ADDRESS	6011 N.W. 57 WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL 33067-4408	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHREY, FRANCIS X JR	3.2 NAME	
STREET ADDRESS	6011 NW 57 WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL 33067-4408	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHREY, TIFFANY I	4.2 NAME	
STREET ADDRESS	6011 NW 57 WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL 33067-4408	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Kathleen S. Loughrey* **Kathleen S. Loughrey** (305) 344-6330
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR