

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

63 JUL 27 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030106 (7)

To: Corporation Name

B & G SHARPENING INC.

Principal Place of Business

ROUTE 4
BOX 1028
CALLAHAN FL 32011

Mailing Address

ROUTE 4
BOX 1028
CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1993	3a. Date of Last Report 04/19/1994
4. FEI Number 59-3169591	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. 190.032 Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. County	28. County
24. Latitude	25. Longitude
29. Latitude	30. Longitude

9. Name and Address of Current Registered Agent

CROSSWAY, CHRISTINA E
8001 BAYMEADOWS WAY
JACKSONVILLE FL 32232

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0602 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

(4)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. NAME	D CROSSWAY, EUGENE B	1. NAME		☐ Change	☐ Addition
2. STREET ADDRESS	ROUTE 4, BOX 1028	2. NAME			
3. CITY & STATE	CALLAHAN FL 32011	3. STREET ADDRESS			
4. NAME	D APPLING, BRUCE A	4. NAME		☐ Change	☐ Addition
5. STREET ADDRESS	ROUTE 4, BOX 1028	5. NAME			
6. CITY & STATE	CALLAHAN FL 32011	6. STREET ADDRESS			
7. NAME	D CROSSWAY, CHRISTINA E	7. NAME		☐ Change	☐ Addition
8. STREET ADDRESS	8001 BAYMEADOWS WAY	8. NAME			
9. CITY & STATE	JACKSONVILLE FL 32232	9. STREET ADDRESS			
10. NAME		10. NAME		☐ Change	☐ Addition
11. STREET ADDRESS		11. NAME			
12. CITY & STATE		12. STREET ADDRESS			
13. NAME		13. NAME		☐ Change	☐ Addition
14. STREET ADDRESS		14. NAME			
15. CITY & STATE		15. STREET ADDRESS			
16. NAME		16. NAME		☐ Change	☐ Addition
17. STREET ADDRESS		17. NAME			
18. CITY & STATE		18. STREET ADDRESS			
19. NAME		19. NAME		☐ Change	☐ Addition
20. STREET ADDRESS		20. NAME			
21. CITY & STATE		21. STREET ADDRESS			

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(3)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of this corporation or the owner or officer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Eugene B. Crossway
EUGENE B. CROSSWAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95
Date

904-879-1479
Telephone Number

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Murray
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 22 AM 10:15

DOCUMENT # **P93000030603 (3)**

CEDAR HAVEN A.C.L.F., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **4 CORAL REEF COURT, NORTH
PALM COAST FL 32137**
Mailing Address: **4 CORAL REEF COURT, NORTH
PALM COAST FL 32137**

(PRINT OR WRITE IN THIS SPACE)

2. Principal Office Address		2b. Mailing Address		3. Date Recipient(s) of Statement 04/27/1993	3a. Date of Last Report 06/16/1994
21. State App. #	26. State App. #	4. FET Number 59-3183859		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24. City & State	25. City & State	29. City & State		30. City & State	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**GAVULIC, MARY ANN
4 CORAL REEF COURT N.
PALM COAST FL 32137**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 602 (b)(2) and 607 (b)(2), 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 (b)(2), Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent or officer of corporation)

(Signature of registered agent or person accepting appointment as registered agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PT GAVULIC, MARY ANN 4 CORAL REEF COURT, NORTH PALM COAST FL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	VS GAVULIC, FRANCES 4 CORAL REEF COURT, NORTH PALM COAST FL	2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY & STATE		3. CITY & STATE	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	☐ Change ☐ Addition
6. CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
9. CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
12. CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 222 (b)(2) of the Florida Statutes. I further certify that the information was obtained on the annual report or supplemental annual report as true and accurate and that my signature that bears this name and address is a true and correct copy of the signature of the officer or director of this corporation or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Mary Ann Gavulic* 17687 AND GAVULIC 6/16/95 904-448-3226
TALLAHASSEE, FLORIDA

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED

MAY 22 AM 10:23

DOCUMENT # P93000030619 (9)

1. Corporation Name

DIVERSVEST II, INC.

400 ACOMA DRIVE
DAYTONA BEACH, FLORIDA

Principal Office Address

**2090 S. NOVA RD.
SUITE 223
S. DAYTONA FL 32119
US**

Mailing Address

**P. O. BOX 2982
ORMOND BEACH FL 32175
US**

DO NOT WRITE IN THIS SPACE

3. Date of Report: #12400000

04/27/1993

3a. Date of Last Report

08/09/1994

4. FIC Number

59-3179500

Approved 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. This corporation has during the immediately preceding year
Florida Statutes ☐ Yes ☐ No

2. Principal Office Address

21. Suite, Apt. # etc.

22. City & State

24. State

25. County

2a. Mailing Address

26. Suite, Apt. # etc.

27. City & State

29. State

30. County

9. Name and Address of Current Registered Agent

**AVENA, JOSEPH G
4030 ACOMA DR
ORMOND BEACH FL 32074**

81. Name

**AVENA, JOSEPH G.
1420 NEW BELLEVUE AVE.
SUITE 223**

82. Street Address

83. City

84. State

DAYTONA BEACH

FL 32114

11. Pursuant to the provisions of Sections 607.0602 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 provisions of Sections 607.0602 and 607.1508, Florida Statutes.

SIGNATURE

By the Registered Agent, or a duly authorized agent of the Registered Agent

By the Registered Agent, or a duly authorized agent of the Registered Agent

By

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. NAME	PS AVENA, JOSEPH G.
12b. STREET ADDRESS	1420 NEW BELLEVUE AVE., APT. 2112
12c. CITY, ST., ZIP	DAYTONA BCH. FL
12d. NAME	V AVENA, JENNIFER
12e. STREET ADDRESS	4030 ACOMA DR.
12f. CITY, ST., ZIP	ORMOND BCH. FL
12g. NAME	T AVENA, NICOLE
12h. STREET ADDRESS	4030 ACOMA DR.
12i. CITY, ST., ZIP	ORMOND BCH. FL
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, ST., ZIP	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY, ST., ZIP	
12p. NAME	
12q. STREET ADDRESS	
12r. CITY, ST., ZIP	

13a. NAME	☐ Change ☐ Addition
13b. STREET ADDRESS	
13c. CITY, ST., ZIP	
13d. NAME	☐ Change ☐ Addition
13e. STREET ADDRESS	
13f. CITY, ST., ZIP	
13g. NAME	☐ Change ☐ Addition
13h. STREET ADDRESS	
13i. CITY, ST., ZIP	
13j. NAME	☐ Change ☐ Addition
13k. STREET ADDRESS	
13l. CITY, ST., ZIP	
13m. NAME	☐ Change ☐ Addition
13n. STREET ADDRESS	
13o. CITY, ST., ZIP	
13p. NAME	☐ Change ☐ Addition
13q. STREET ADDRESS	
13r. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 111 of the Florida Statutes. I further certify that the information is not used for the purpose of or supplemental annual report or other and is not used for any other purpose and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or authorized representative of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95

904-756-1300