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 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030106 (7)

1. Corporation Name
B & G SHARPENING INC.

Principal Place of Business	Mailing Address
ROUTE 4 BOX 1028 CALLAHAN FL 32011	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. 199.032 Florida Statutes ☐ Yes ☑ No

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

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
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	TITLE	☐ Change ☐ Addition
NAME	CROSSWAY, EUGENE B	NAME	
STREET ADDRESS	ROUTE 4, BOX 1028	STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	APPLING, BRUCE A	NAME	
STREET ADDRESS	ROUTE 4, BOX 1028	STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CROSSWAY, CHRISTINA E	NAME	
STREET ADDRESS	8001 BAYMEADOWS WAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32232	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 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: Eugene B. Crossway — Eugene B. Crossway — 5/18/95 — 904-879-1479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400618 FP

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TALLAHASSEE, FLORIDA

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DOCUMENT # **P93000030603 (3)**

1. Corporate Name
CEDAR HAVEN A.C.L.F., INC.

Principal Place of Business: 4 CORAL REEF COURT, NORTH, PALM COAST FL 32137

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

3. Date Incorporated or Qualified: **04/27/1993**
3a. Date of Last Report: **06/16/1994**
4. FEI Number: **59-3183859** ☐ 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 | 27
City & State 23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PT	TITLE	☐ Change ☐ Addition
NAME	GAVULIC, MARY ANN	NAME	
STREET ADDRESS	4 CORAL REEF COURT, NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	CITY-ST-ZIP	
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	GAVULIC, FRANCES	NAME	
STREET ADDRESS	4 CORAL REEF COURT, NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	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	
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 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: Mary Ann Gavulic MARY ANN GAVULIC 6/15/95 904-445-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012330 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030619 (9)

1. Corporate Name
DIVERSIVEST II, INC.

Principal Place of Business
2090 S. NOVA RD.
SUITE 223
S. DAYTONA FL 32119
US

Mailing Address
P. O. BOX 2992
ORMOND BEACH FL 32175
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1993
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-3179500 — 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. 199.292, 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
AVENA, JOSEPH G
4030 ACOMA DR
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent
81 Name: AVENA, JOSEPH G.
82 Street Address (P.O. Box Number is Not Acceptable): 1420 NEW BELLEVUE AVE.
83 SUITE 223
84 City: DAYTONA BEACH
85 Zip Code: FL 32114

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PS	1 TITLE	[ ] Change [ ] Addition
NAME	AVENA, JOSEPH G.	1 NAME	
STREET ADDRESS	1420 NEW BELLEVUE AVE., APT. 2112	1 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	1 CITY-ST-ZIP	
TITLE	V	2 TITLE	[ ] Change [ ] Addition
NAME	AVENA, JENNIFER	2 NAME	
STREET ADDRESS	4030 ACOMA DR.	2 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	2 CITY-ST-ZIP	
TITLE	T	3 TITLE	[ ] Change [ ] Addition
NAME	AVENA, NICOLE	3 NAME	
STREET ADDRESS	4030 ACOMA DR.	3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-17-95 Daytime Phone #: 904-756-1300

0018121 CP