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 -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049507 (5)

1. Corporation Name

VENTURE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
4510 SATIN LEAF LANE SARASOTA FL 34241	4510 SATIN LEAF LANE SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1993	3a. Date of Last Report: 08/08/1994
4. FEI Number: 65-0422086	☐ 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	10. Name and Address of New Registered Agent
DUGGAN, JAMES A 4510 SATIN LEAF LANE SARASOTA FL 34241	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	11 TITLE	☐ Change ☐ Addition
NAME	DUGGAN, JAMES A	12 NAME	
STREET ADDRESS	4510 SATIN LEAF LANE	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] (JAMES DUGGAN) 05/01/95 (813) 923-9536

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

0349606 CP

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CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P93000049788 (1)

1. Corporate Name

I.Q. INTELLIGENT QUALITATIVE, INC.

Principal Place of Business
35
3535 HENDRICKS AVE
JACKSONVILLE FL 32207

Mailing Address
35
3535 HENDRICKS AVE
JACKSONVILLE FL 32207

FILED
95 MAY -1 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Address of Person Authorized to Sign this Seal

3. Date of Incorporation or Qualification: 07/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3535 Hendricks Av
Suite, Apt. # or Bldg.
22
City, State, Zip
23

2a. Mailing Address
26 3535 Hendricks Av
Suite, Apt. # or Bldg.
27
City, State, Zip
28

4. FEI Number: 59-3206612
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

24 25 29 30

8. Is this corporation changing its principal place of business or mailing address? Florida Statutes: Yes X No

9. Name and Address of Current Registered Agent

MCMENAMY, WILLIAM B
2925 BARNETT CENTER
50 NORTH LAURA STREET
JACKSONVILLE FL 32202

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, 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 above named corporation further confirms that it is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Correct for only [signature] 4/28/95

12. OFFICER AND DIRECTOR

D
ARMES, BRUCE A
7201 SAN JOSE BLVD.
JACKSONVILLE FL 32217

13. ADDITIONS, CHANGES, TERMINATIONS OF OFFICERS AND/OR DIRECTORS

Change Add

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: [signature] 4/28/95 (904) 398-4508

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0018101 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P93000050170 (8)**

1. Corporate Name

MID-FLORIDA PAINTING, INC.

Principal Place of Business	Mailing Address
373 N. WINSOME COURT LAKE MARY FL 32746	373 N. WINSOME COURT LAKE MARY FL 32746

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified: **07/13/1993**

3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3192232** ☐ 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

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

8. This corporation has initially filed or changed its domicile to conform to Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONTI, JOHN
373 N. WINSOME COURT
LAKE MARY FL 32746

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 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 (required if this is a change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1. TITLE	☐ Change ☐ Addition
NAME	CONTI, JOHN	2. NAME	
STREET ADDRESS	373 N. WINSOME COURT	3. STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

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 1 or Block 12 if changed or added on an attachment with an address.

SIGNATURE: John Conti 4/30/95 (407) 330-4805

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

0040120 CP