FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

OFFICE OF SECRETARY OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED

95 MAY 01 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071911 (0)

1. Corporate Name
CARPENTER EQUIPMENT CORPORATION

Principal Place of Business
3324 N.E. 15 ST.
FT. LAUDERDALE FL 33304

Mailing Address
3324 N.E. 15 ST.
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business
21
Suite, Apt. # or Rm
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Rm
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0441722 — 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. Does corporation qualify for exemption under s. 193.075 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARPENTER, MARK H
3324 N.E. 15 ST.
FT. LAUDERDALE FL 33304

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: MARK H CARPENTER -PRESIDENT 4/25/95
(Signature of new registered agent, if changed) (Name & capacity of current registered agent or officer/director listed above)

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: DPTS NAME: CARPENTER, MARK H STREET ADDRESS: 3324 N.E. 15 ST. CITY-ST-ZIP: FT. LAUDERDALE FL 33304	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is correct. My signature below authorizes only name(s) of officer(s) or director(s) listed above to be changed, added or deleted on the annual report of this corporation. I am aware that any false information submitted in an document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes. I understand the requirement to file an annual report between January 1 and May 1 of each year in order to maintain the active status of the corporation. I further certify that the information indicated on this report complies with the applicable provisions of Florida Statutes.

SIGNATURE: MARK H CARPENTER 4/25/95 (305) 566-3528
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0211004 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY 23 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072008 (4)**

1. Corporate Name
T.G.P. PROPERTIES, INC.

Principal Place of Business
751 BAYSHORE DR
TARPON SPRINGS FL 34689

Mailing Address
751 BAYSHORE DR
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-3206907** ☐ 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 taken, or intends to take, advantage of s. 193.052, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSAPAE, THOMAS G
751 BAYSHORE DR
TARPON SPRINGS FL 34689

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(S) (Typed or printed name of person signing) (If Registered Agent, signature and date required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 TITLE	PVST	41 TITLE	☐ Change ☐ Addition
32 NAME	PASSAPAE, THOMAS G.	42 NAME	
33 STREET ADDRESS	751 BAYSHORE DR	43 STREET ADDRESS	
34 CITY ST ZIP	TARPON SPRGS FL	44 CITY ST ZIP	
35 TITLE		45 TITLE	☐ Change ☐ Addition
36 NAME		46 NAME	
37 STREET ADDRESS		47 STREET ADDRESS	
38 CITY ST ZIP		48 CITY ST ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
		51 STREET ADDRESS	
		52 CITY ST ZIP	
		53 TITLE	☐ Change ☐ Addition
		54 NAME	
		55 STREET ADDRESS	
		56 CITY ST ZIP	
		57 TITLE	☐ Change ☐ Addition
		58 NAME	
		59 STREET ADDRESS	
		60 CITY ST ZIP	
		61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, and any attachments hereto, is true and accurate and that this filing complies with the requirements of Section 607.0505, Florida Statutes. I further certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my signature shall be the equivalent of a manual signature for purposes of Section 607.0120(11), Florida Statutes, and that my electronic signature shall have the same force and effect as an original written signature.

SIGNATURE: Thomas G. Passapae 4-29-95 813 447 5479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0367891 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995

DOCUMENT # P93000072209 (8)

1. L.G. & COMPANY, INC.

~~2305 NW 20TH STREET~~
~~MIAMI FL 33142~~

~~2305 NW 20TH STREET~~
~~MIAMI FL 33142~~

3. Date of Last Report: 10/11/1993 | 3a. Date of This Report: 08/10/1994

4. FEI Number: 65-0446316 | Applied For | Not Applicable

5. Certificate of Status Desired | $8.75 Additional Fee Required

6. Effective Campaign Treasurer Appointment Date | $5.00 May Be Added to Fees

7. Is this entity registering to do business in Florida pursuant to sections 48.091, Florida Statutes? Yes / No

2. Principal Place of Business:
21 10828 N. KENDALL DR., Y-2
22 Suite/Apt. No.: Y-2
23 City: MIAMI, FLORIDA
24 Zip Code: 33176
25 Country: USA

2a. Mailing Address:
27 Suite/Apt. No.: Y-2
28 City: MIAMI, FL
29 Zip Code: 33176
30 Country: USA

9. Name and Address of Current Registered Agent

CAMINERO, LUISA
~~2305 NW 20TH STREET~~
~~MIAMI FL 33142~~

10. Name and Address of New Registered Agent

81 Name: ~~10828 N. KENDALL DR.~~, Y-2
82 Street Address (P.O. Box Number is Not Acceptable): 10828 N. KENDALL DR., Y-2
83
84 City: MIAMI | FL | 85 Zip Code: 33176

11. Pursuant to Section 48.091, Florida Statutes, the undersigned corporation hereby consents to be subject to the jurisdiction of the courts of this state and to comply with the provisions of Florida law with respect to the maintenance of a registered office and registered agent. I hereby appoint the above-named registered agent to accept service of process for the above-stated corporation at the place designated in this certificate. I am familiar with and accept the obligations of my position as registered agent.

Signature

12. Officer and/or Director

PD
CAMINERO, LUISA
10828 N. KENDALL DR. , Y-2
MIAMI FL 33176

VTD
CAMINERO, LUIS A.
10828 N. KENDALL DRIVE, ~~Y-2~~
MIAMI FL

13. Additional Officer/Director Data

,Y-2

14. I hereby certify that the information indicated on this report or supplemental 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 13 or on an attachment with an address.

SIGNATURE: Luis A. Caminero
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

4/11/95

366-2165

0183047 CP

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 [illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072416 (9)

1. Corporation Name

CARETAKERS MAINTENANCE CONTRACTING SERVICES INC.

Principal Place of Business: 4601 N.W. 10TH AVE. FT. LAUDERDALE FL 33309

Mailing Address: 4601 N.W. 10TH AVE. FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 08/22/1994
4. FEI Number: APPLIED FOR — [ ] Applied For [ ] Not Applicable

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

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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LAMBERTUS ARTUR W.
2929 W. COMMERCIAL BLVD.
SUITE 604
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: JOSE SERVAN
82 Street Address (P.O. Box Number is Not Acceptable): 4601 NW 10th AVE
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33309

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 X [signature]

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SERVAN, JOSE
STREET ADDRESS	4601 NW 10 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with [ ] Change [ ] Addition)

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: X [signature] 4/21/95

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

0216204 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **P93000072569 (5)**

1. Entity Name

DT PUBLISHING INC.

Principal Place of Business

4456 TAMIAMI TRAIL
UNIT B-12
CHARLOTTE HARBOR FL 33980

Mailing Address

4456 TAMIAMI TRAIL
UNIT B-12
CHARLOTTE HARBOR FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1993**

3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business — 21 / Suite/Apt. # — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Suite/Apt. # — 27 / City & State — 28 / Zip — 29 / County — 30

4. FEI Number: **65-0455147** ☐ 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

7. Is this corporation a small business as defined by section 288.703, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MURPHY, DANIEL L.
2465-2 TAMIAMI TRAIL
PORT CHARCOTTE FL 33952

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 and 607.1908, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICER/DIRECTOR(S) AND/OR ADDRESS(ES)	
Title	P/S	Title	☐ Change ☐ Addition
Name	THOMAS, DEBRA	Name	
Address	12480 BURN STORE	Address	
City-State-Zip	PUNTA GORDA FL 33950	City-State-Zip	
Title	VP/T	Title	☐ Change ☐ Addition
Name	THOMAS, RON	Name	
Address	461 W. MARION AVE.	Address	
City-State-Zip	PUNTA GORDA FL 33950	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this filing 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Debra Thomas — 4/23/95 — 813-637-9500

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

0335016 CP