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 23 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000015519 (9)

1. Corporation Name

STELLAR HOLDINGS, INC.

Principal Place of Business	Mailing Address
8402 SABAL INDUSTRIAL BLVD., STE. A TAMPA FL 33619	8402 SABAL INDUSTRIAL BLVD., STE. A TAMPA FL 33619

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:

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

4. FEI Number — [X] 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, ALAN F 100 S. ASHLEY DR., STE. 1250 TAMPA FL 33602	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) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	[ ] Change [ ] Addition
NAME	PACKRALL, TIM	12 NAME	
STREET ADDRESS	14718 CLARENDON DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	[ ] Change [ ] Addition
NAME	BURKETTE, JAY	22 NAME	
STREET ADDRESS	15921 HAMPTON VILLAGE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	24 CITY-ST-ZIP	
TITLE	DTS	31 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, KIM	32 NAME	
STREET ADDRESS	1203 PAMELA SUE CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Johnson, Treasurer

5-17-95 (Date) (813) 623-2402 (Daytime Phone)

0200396 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 MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015849 (0)**

1 Corporate Name

ABD FEDERAL INVESTIGATIVE AGENCY, INC.

Principal Address

1360 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937

Mailing Address

1360 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1994**

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Apt. #
22

Apt. #
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **59-3226491** ☐ 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 have liability for intangible tax under s. 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMOUREUX, DONALD J
1360 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937

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 and 607.1008, 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 duties and responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	D - PRESIDENT	Title	VICE - PRESIDENT ☐ Change ☒ Addition
Name	LAMOUREUX, DONALD J	Name	ARTHUR B. PERSON
Street Address	1360 SOUTH PATRICK DRIVE	Street Address	1360 South PATRICK DRIVE
City-St-Zip	SATELLITE BEACH FL 32937	City-St-Zip	Satellite BEACH FL 32937
Title		Title	SECRETARY ☐ Change ☒ Addition
Name		Name	Leslie R. Person-Murphy
Street Address		Street Address	1360 South PATRICIC DRIVE
City-St-Zip		City-St-Zip	Satellite BEACH FL 32937
Title		Title	TREASURER ☐ Change ☒ Addition
Name		Name	Douglass A. PERSON
Street Address		Street Address	1360 South PATRICK DRIVE
City-St-Zip		City-St-Zip	Satellite BEACH FL 32937
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/We 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 with an address, with an "X" in the box indicating that the information has changed, is added, or deleted.

SIGNATURE: Leslie R Person-Murphy LESLIE R. PERSON-MURPHY 407-773 1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/8/95 — Daytime Phone Number

0046438 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

FILED
95 MAY 15 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017388 (7)**

1. Entity Name:

LIFE SCAPES OF MARTIN COUNTY INC.

Principal Place of Business:

1893 S.W. MOCKINGBIRD LANE
PALM CITY FL 34990

Mailing Address:

1893 S.W. MOCKINGBIRD LANE
PALM CITY FL 34990

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **03/07/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0473440** — Applied For / Not Applicable

Suite, Apt. # or Rm. — 22

Suite, Apt. # or Rm. — 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

24 — 25 — 29 — 30

8. This corporation has liability to employees for under 5 (00.00) Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVER, SHEILA
1893 S.W. MOCKINGBIRD LANE
PALM CITY FL 34990

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 607.0202 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: (Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required for all changes) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	P	11 Title	☐ Change ☐ Addition
02 Name	SILVER, SHEILA	12 Name	
03 Street Address	1893 S.W. MOCKINGBIRD LANE	13 Street Address	
04 City, St, Zip	PALM CITY FL 34990	14 City, St, Zip	
05 Title		21 Title	☐ Change ☐ Addition
06 Name		22 Name	
07 Street Address		23 Street Address	
08 City, St, Zip		24 City, St, Zip	
09 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
11 Street Address		33 Street Address	
12 City, St, Zip		34 City, St, Zip	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City, St, Zip		44 City, St, Zip	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City, St, Zip		54 City, St, Zip	
25 Title		61 Title	☐ Change ☐ Addition
26 Name		62 Name	
27 Street Address		63 Street Address	
28 City, St, Zip		64 City, St, Zip	

14. I/We 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: Sheila A. Silver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila A. Silver, Pres.

5-20-95 (Date)

407-283-2484 (Daytime Phone Number)

0379047 CP