

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

55 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015519 (9)

To: 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**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

38. Date of Last Report

02/24/1994

4. FEI Number

☒ 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**

6. This corporation has liability for intangible tax under 2019 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. City & State

28. City & State

24. City & State

29. City & State

30. City & State

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 607.0507 and 607.1508, Florida Statutes, this 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 607.0508, Florida Statutes.

SIGNATURE

Signature of Agent, if not the corporation's registered agent

Signature of Registered Agent, if not the corporation's registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	PACKRALL, TIM
STREET ADDRESS	14718 CLARENDON DR.
CITY, ST, ZIP	TAMPA FL 33624
TITLE	DV
NAME	BURKETTE, JAY
STREET ADDRESS	15921 HAMPTON VILLAGE DR.
CITY, ST, ZIP	TAMPA FL 33618
TITLE	DT3
NAME	JOHNSON, KIM
STREET ADDRESS	1203 PAMELA SUE CIRCLE
CITY, ST, ZIP	PLANT CITY FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.1 STREET ADDRESS	
1.1 CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2.1 NAME	
2.1 STREET ADDRESS	
2.1 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3.1 NAME	
3.1 STREET ADDRESS	
3.1 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4.1 NAME	
4.1 STREET ADDRESS	
4.1 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5.1 NAME	
5.1 STREET ADDRESS	
5.1 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6.1 NAME	
6.1 STREET ADDRESS	
6.1 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 130.07(6)(b), 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 it would under oath. That I am an officer or director of this 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 of this report. I am attaching with an address:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Johnson, Treasurer

5-17-95

(813) 623-2402

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
and Commercial Services
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

APR 22 1995

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015849 (0)

ABD FEDERAL INVESTIGATIVE AGENCY, INC.

Principal Place of Business: 1360 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937
Mailing Address: 1360 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or organized 02/24/1994		3a. Date of Last Report	
21. State, Apt. # etc.		26. State, Apt. # etc.		4. FEI Number 59-3226491		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status (Required) ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City		25. City		29. City		30. City	
25. State		26. State		29. State		30. State	
26. Zip		27. Zip		29. Zip		30. Zip	
27. City		28. City		29. City		30. City	
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29. Zip		30. Zip		29. Zip		30. Zip	
30. City		31. City		31. City		32. City	
31. State		32. State		32. State		33. State	
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222. City		223. City		223. City		224. City	
223. State		224. State		224. State		225. State	
224. Zip		225. Zip		225. Zip		226. Zip	
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229. State		230. State		230. State		231. State	
230. Zip		231. Zip		231. Zip		232. Zip	
231. City		232. City		232. City		233. City	
232. State		233. State		233. State		234. State	
233. Zip		234. Zip		234. Zip		235. Zip	
234. City		235. City		235. City		236	

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000017388 (7)

LIFE SCAPES OF MARTIN COUNTY INC.

FILED
MAY 15
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 1890 S.W. MOCKINGBIRD LANE PALM CITY FL 34990		2a. Mailing Address 1890 S.W. MOCKINGBIRD LANE PALM CITY FL 34990		3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report
2. Principal Place of Business 21. State Apt # etc. 22. City & State	2a. Mailing Address 26. State Apt # etc. 27. City & State	4. FEI Number 05-0473440	Applied For Not Applicable		
23. City & State	28. City & State	5. Certificate of Status Desired	8.75 Additional Fee Required		
24. City & State	29. City & State	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees		
25. City & State	30. City & State	B. This corporation has liability for intangible tax under S. 190.032 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	
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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 607.0205, Florida Statutes.

SIGNATURE

(Signature of person who has accepted appointment as registered agent)

(Signature of person who has accepted appointment as registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME SILVER, SHEILA 2. STREET ADDRESS 1893 S.W. MOCKINGBIRD LANE 3. CITY, ST, ZIP PALM CITY FL 34990		1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP		2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
7. NAME 8. STREET ADDRESS 9. CITY, ST, ZIP		3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP		4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP		5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ 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)(b), Florida Statutes. I further certify that the information included 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila A. Silver, Pres.

5-20-95

407-283-2484