

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

DOCUMENT # P94000034523

1. Corporation Name:

AAAction

ROOFING, INC.

APPROVED
FILED

95 MAY -1 PM 4:06

STATE
TALLAHASSEE, FLORIDA

600001547936
-07/27/95--01075--006
****200.00 ****200.00

2. Principal Place of Business:

715 N FLORIDA AVE
INVERNESS FL 34450

2a. Mailing Address:

715 N FLORIDA AVE
INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified:

5/4/94

3a. Date of Last Report:

21. 7990 W. GULF TO LAKE HWY

26. 7990 W. GULF TO LAKE HWY

4. F.I. Number
59-3237176

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23. City & State

CRYSTAL RIVER, FL

28. City & State

CRYSTAL RIVER FL

6. Election Commission Financing
Not Applicable

☐ \$5.00 May Be
Added to Fees

24. Zip

34420

25. Country

CITRUS

29. Zip

34420

30. Country

CITRUS

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAMUEL ANDERSON
7990 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34420

10. Name and Address of New Registered Agent

01 Name: ROBBIE L ANDERSON
02 Street Address (P.O. Box Number is Not Acceptable): 7990 W GULF TO LAKE HWY
03
04 City: CRYSTAL RIVER FL 05 Zip Code: 34420

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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, Sections 607.0303, Florida Statutes.

SIGNATURE:

[Signature]

DATE: 4/28/95

4/28/95

12. OFFICERS AND DIRECTORS

1101	D President
1102	ANDERSON, ROBBIE
1103	715 N FLORIDA AVE
1104	INVERNESS FL 34450
1105	
1106	
1107	
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1111	
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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1201	D President	☒ Change ☐ Addition
1202	ANDERSON, ROBBIE	
1203	7990 W. GULF TO LAKE HWY	P
1204	CRYSTAL RIVER FL 34420	
1205		
1206	VICE PRESIDENT	☐ Change ☒ Addition
1207	ANDERSON, R. L.	
1208	7990 W. GULF TO LAKE HWY	
1209	CRYSTAL RIVER FL 34420	VP
1210		
1211	VICE PRESIDENT	☐ Change ☒ Addition
1212	SMITH, JAMES	
1213	7990 W. GULF TO LAKE HWY	
1214	CRYSTAL RIVER FL 34420	VP
1215		
1216	VICE PRESIDENT	☐ Change ☒ Addition
1217	LEAHY, JERRY	
1218	7990 W. GULF TO LAKE HWY	
1219	CRYSTAL RIVER FL 34420	VP
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I am an officer or director of the corporation or the receiver or liquidator 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 as an attachment with an address.

SIGNATURE: *[Signature]*
ROBBIE ANDERSON

4/28/95 (904) 637-6655

FILE NOW: FILING FEE AFTER MAY 1 IS \$100

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # **194000034575**

1. Corporation Name

JACKSON CONCRETE & ALUMINUM CO. INC.

Principal Place of Business

Mailing Address

**112 CHEROKEE LANE P.O. BOX 506
LAKE COMO, FL. 32157 LAKE COMO, FL. 32157**

600001545106

-07/25/95--01053--025

******225.00 *****225.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

5/4/74

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Jackson, Terry J
112 Cherokee Ln
Lake Como, FL 32157**

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 the P. agent)

(Signature, typed or printed name of registered agent and the P. agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	Terry Jackson
STREET ADDRESS	112 Cherokee Ln
CITY, ST, ZIP	Lake Como, FL 32157
TITLE	Secretary
NAME	Bryan L. Gordon
STREET ADDRESS	600 West Main
CITY, ST, ZIP	Panama Park, FL 32181
TITLE	Vice President
NAME	Richard E. Jackson
STREET ADDRESS	215 Duval Street
CITY, ST, ZIP	Panama Park, FL 32181
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE		☐ Change ☐ Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-95

(904) 496-1422

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000034772

1. Corporation Name

PHYSICAL MEDICINE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

150 S.W. 12th Avenue
Suite 340
Pompano Beach, Florida 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/9/94 3a. Date of Last Report None Filed

4. FEI Number 65-0500497 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 Suite Apt #, etc

25 Suite Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

28

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9. Name and Address of Current Registered Agent

Bruce Bernstein
150 S. Andrews Avenue, Suite 340
Pompano Beach, Florida 33069

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

(Signature of person accepting appointment as agent and then of corporation)

(Signature of Registered Agent (signature required when registering))

7/11/95

12. OFFICERS AND DIRECTORS

1. TITLE D/P
2. NAME Bernstein, Bruce
3. STREET ADDRESS 150 S. Andrews Avenue, Suite 340
4. CITY, ST, ZIP Pompano Beach, FL 33069

1. TITLE D/V/S/T
2. NAME Beebe, John
3. STREET ADDRESS 150 S.W. 12th Avenue, Suite 340
4. CITY, ST, ZIP Pompano Beach, Florida 33069

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME 600001547966
3. STREET ADDRESS -07/27/95--01069--020
4. CITY, ST, ZIP ****675.00 ****225.00

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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)(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 if made under oath. That I am an officer or director of the corporation or the person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

7/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Bernstein

7/11/95

941-6301

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P94000034782
1. Corporation Name

FLORIDA POP, INC.

95 JUL 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**600 EGRET CIR. (SAME)
SUITE #7205
DELRAY BEACH, FLORIDA
33444**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **600 EGRET CIR.** 26 **600 EGRET CIR.**
Suite Apt. #, etc. Suite Apt. #, etc.
22 **#7205** 27 **#7205**
City & State City & State
23 **DELRAY BEACH, FL** 28 **DELRAY BEACH, FL**
Zip Zip
24 **33444** 25 **USA** 29 **33444** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report
MAY 9, 1994
4. FEI Number Applied For
65-0488846 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

9. Name and Address of Current Registered Agent
**FRED STOCKER
600 EGRET CIR #7205
DELRAY BEACH, FLORIDA
33444**

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 **F. STOCKER PRES.** 07/10/95
Signature of person named as registered agent and the corporation

12. OFFICERS AND DIRECTORS
12.1 NAME **PRESIDENT**
12.2 NAME **FRED STOCKER**
12.3 STREET ADDRESS **600 EGRET CIR #7205**
12.4 CITY ST ZIP **DELRAY BEACH, FL 33444**
12.5 NAME **DONALD H. BARNES**
12.6 STREET ADDRESS **10 PINEHURST CREB**
12.7 CITY ST ZIP **NITCHENER, ONTARIO, MICHIGAN**
12.8 NAME
12.9 STREET ADDRESS
12.10 CITY ST ZIP
12.11 NAME
12.12 STREET ADDRESS
12.13 CITY ST ZIP
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME ☐ Change ☐ Addition
13.2 NAME **4000001547864**
13.3 STREET ADDRESS **-07/27/95--01070--007**
13.4 CITY ST ZIP ******225.00 ****225.00**
13.5 NAME ☐ Change ☐ Addition
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