

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

APPROVED
AND
FILED

95 JAN 27 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000036367 (8)

1. Corporation Name

FT. WALTON BEACH INVESTMENTS, INC.

Principal Place of Business

Mailing Address

907 PANFERIO DR
PENSACOLA FL 32561

907 PANFERIO DR
PENSACOLA FL 32561

913 Gulf Breeze Pkwy., #14
Gulf Breeze, FL 32561

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3243484

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This 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

MAGGIO, R. BRENT
907 PANFERIO DR
PENSACOLA FL 32561
Beach

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME R. Brent Maggio
STREET ADDRESS 907 Panferio Dr.
CITY-STATE-ZIP Pensacola Beach, FL 32561

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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; that I am the person 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 filing, or on my appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/17/95

904-934-2810

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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 FEB -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036439 (5)

1. Corporation Name

WILLIAM ROBERTS, INC.

Principal Place of Business

113 CENTENNIAL COURT
POMPANO BEACH FL 33073

Mailing Address

113 CENTENNIAL COURT
POMPANO BEACH FL 33073

200001400602

-02/08/95--01086--005

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1994

3a. Date of Last Report

4. FEI Number

65-0504895

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

21 1395 NW 17th Ave

2a. Mailing Address

26 1395 NW 17th Ave

Suite, Apt. #, etc.

22 112

Suite, Apt. #, etc.

27 112

City & State

23 DELRAY BEACH FL

City & State

28 DELRAY BEACH FL

Zip

24 33445

Country

25 P.B.C

Zip

29 33445

Country

30 P.B.C

9. Name and Address of Current Registered Agent

ROSS, HARRY J ESQ.
6100 GLADES RD., SUITE 201
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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.

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	KATSCH, ROBERT A
STREET ADDRESS	113 CENTENNIAL COURT
CITY - ST - ZIP	POMPANO BEACH FL 33073
TITLE	DS
NAME	KATSCH, WILLIAM J
STREET ADDRESS	113 CENTENNIAL COURT
CITY - ST - ZIP	POMPANO BEACH FL 33073
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 199.07(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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my name.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95