

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 # P94000054220

1. Corporation Name

SST ENTERPRISES, INC.

Principal Place of Business

Mailing Address

04009 MARION COUNTY ROAD
WEIRSDALE, FL 32195

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
eff July 18, 1994

3a. Date of Last Report

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

4. FEI Number

59-3254807

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD C. JANS
1000 WEST MAIN STREET
LEESBURG, FL 34748

81 Name

KEVIN A. SEMINER

82 Street Address (P.O. Box Number is Not Acceptable)
1000 WEST MAIN STREET

83

84 City

LEESBURG

FL

85 Zip Code

34748

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

Kevin A. Seminer
Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature is required when re-registering.

DATE

4/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE D/P/T
NAME THISE, SAMUEL S.
STREET ADDRESS 04009 MARION COUNTY RD.
CITY-ST- ZIP WEIRSDALE FL 32195

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE S
NAME THISE, CONNIE S.
STREET ADDRESS 04009 MARION COUNTY RD
CITY-ST- ZIP WEIRSDALE FL 32195

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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, upon an attachment with an address.

SIGNATURE:

Samuel S. Thise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL S. THISE, PRES.

DATE

4/17/95

Telephone Number

904-351-5255

38

1-2146

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Department of State
Tallahassee, Florida 32399-0001

DOCUMENT # P 94000054392

REBA PROPERTIES, INC.

729 Moravon Avenue
Jacksonville, FL 32211

729 Moravon Avenue
Jacksonville, FL 32211

400001470114
-05/01/95--01092--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
July 18, 1994

3a. Date of Last Report

2. Chief Executive Officer

2b. Mailing Address

4. FET Number

Applied For

21

26

59-330-8367

Not Applicable

22. State Agent

27. State Agent

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23

28

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

24

29

8. This corporation has liability for intangible tax under § 199.001, Florida Statutes.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Slott, Arnold H.
334 East Duval Street
Jacksonville, Florida 32202

01. Name

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

03

04. City

FL

05

Zip Code

11. The agent having possession of the books and records of this corporation, the above named corporation, hereby certifies that the person named as registered agent in this report is the person named in the Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am the person named in the report as registered agent in the Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

P
NAME
Marla K. Buchanan
729 Moravon Avenue
Jacksonville, FL 32211

1. NAME

Change

Addition

V
NAME
Dick H. Buchanan
729 Moravon Avenue
Jacksonville, FL 32211

2. NAME

Change

Addition

NAME

3. NAME

Change

Addition

NAME

4. NAME

Change

Addition

NAME

5. NAME

Change

Addition

NAME

6. NAME

Change

Addition

NAME

7. NAME

Change

Addition

SIGNATURE:

Juanita M. Buchanan
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95 (904) 725-9397

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CORPORATION,
ANNUAL REPORT
1995



RECEIVED
TALLAHASSEE, FLORIDA
APR 27 1995

APPROVED
AND
FILED

95 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 144115364

American Legal Business Systems, Inc.
661 E. 1st St. Suite 114
Tallahassee, FL 32301

American Legal Business Systems, Inc.
1822 Olive St
Tallahassee, FL 32301

700001470517
-05/02/95--01035--015
*****208.75*****208.75

2. Filing Period: 1995	2a. Mailing Address: 1822 Olive St, Tallahassee, FL 32301	3. Filing Period: 1995	3a. Date of Filing: 4/27/95
21. Filing Period: 1995	26. Mailing Address: 1822 Olive St, Tallahassee, FL 32301	4. Filing Period: 1995	4a. Date of Filing: 4/27/95
22. Filing Period: 1995	27. Mailing Address: 1822 Olive St, Tallahassee, FL 32301	5. Certificate of Status Desired: ☒ Yes	\$8.75 Additional Fee Required
23. Filing Period: 1995	28. Mailing Address: 1822 Olive St, Tallahassee, FL 32301	6. Election Campaign Financing: ☐ Yes ☒ No	\$5.00 May Be Added to Fees
24. Filing Period: 1995	29. Mailing Address: 1822 Olive St, Tallahassee, FL 32301	8. This corporation has liability for attempt to change its name to: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent HARRY S. SCHMUECKER 1822 Olive St, Suite 114 Tallahassee, FL 32301		10. Name and Address of New Registered Agent HARRY S. SCHMUECKER 1822 Olive St Tallahassee, FL 32301	
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11. I, the undersigned, being a resident of this State, do hereby certify that the above is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Secretary of State, and that the same is a true and correct copy of the annual report of the corporation as required by law, and that the same is a true and correct copy of the annual report of the corporation as required by law.

HARRY S. SCHMUECKER Harry S. Schmuelker 4/20/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: HARRY S. SCHMUECKER ADDRESS: 1822 Olive St, Tallahassee, FL 32301	NAME: HARRY S. SCHMUECKER ADDRESS: 1822 Olive St, Tallahassee, FL 32301
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NAME: HARRY S. SCHMUECKER ADDRESS: 1822 Olive St, Tallahassee, FL 32301	NAME: HARRY S. SCHMUECKER ADDRESS: 1822 Olive St, Tallahassee, FL 32301

14. I, the undersigned, being a resident of this State, do hereby certify that the above is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Secretary of State, and that the same is a true and correct copy of the annual report of the corporation as required by law, and that the same is a true and correct copy of the annual report of the corporation as required by law.

SIGNATURE: HARRY S. SCHMUECKER
TALLAHASSEE, FLORIDA 32301