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

FILED
MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055681 (8)

Corporate Name
THE OLD DIXIE BARBECUE, INC.

Principal Place of Business	Mailing Address
1421 SO. OCEAN BLVD. APT 515 POMPANO BEACH FL 33062	1421 SO. OCEAN BLVD. APT 515 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 1211 OLD DIXIE HWY
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 | 27
City & State: 23 DELRAY BEACH FL | 28
Zip: 24 33444 | County: 25 WEST PALM | Zip: 29 | County: 30

4. FEI Number: 65-0509438 — 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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

SALLE, CLAUDE
1421 SO. OCEAN BLVD. APT 515
POMPANO BEACH FL 33062

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALLE, CLAUDE
STREET ADDRESS	1421 SO. OCEAN BLVD. APT. 515
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	S
NAME	BARRERE ALAIN
STREET ADDRESS	1211 S DIXIE HWY
CITY-ST-ZIP	DELRAY BEACH 33483
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 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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)(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, or on an attachment with an address.

SIGNATURE: CLAUDE SALLE — 5/18 — (407) 243 0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0104899 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P94000056072 (9)

1. Corporate Name

CENTRAL FLORIDA MOTORCARS, INC.

Principal Place of Business	Mailing Address
127 N. ATLAS DRIVE APOPKA FL 32703	127 N. ATLAS DRIVE APOPKA FL 32703

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **07/28/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: 59-3375793 ☐ 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 authority to indemnify its directors under s. 607.0850, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURGETT, ROBERT
127 N. ATLAS DRIVE
APOPKA FL 32703

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

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
001 TYPE	D	71 TYPE	☐ Change ☐ Addition
002 NAME	BURGETT, ROBERT	72 NAME	
003 STREET ADDRESS	127 N. ATLAS DRIVE	73 STREET ADDRESS	
004 CITY-ST-ZIP	APOPKA FL 32703	74 CITY-ST-ZIP	
005 TYPE		75 TYPE	☐ Change ☐ Addition
006 NAME		76 NAME	
007 STREET ADDRESS		77 STREET ADDRESS	
008 CITY-ST-ZIP		78 CITY-ST-ZIP	
009 TYPE		79 TYPE	☐ Change ☐ Addition
010 NAME		80 NAME	
011 STREET ADDRESS		81 STREET ADDRESS	
012 CITY-ST-ZIP		82 CITY-ST-ZIP	
013 TYPE		83 TYPE	☐ Change ☐ Addition
014 NAME		84 NAME	
015 STREET ADDRESS		85 STREET ADDRESS	
016 CITY-ST-ZIP		86 CITY-ST-ZIP	
017 TYPE		87 TYPE	☐ Change ☐ Addition
018 NAME		88 NAME	
019 STREET ADDRESS		89 STREET ADDRESS	
020 CITY-ST-ZIP		90 CITY-ST-ZIP	
021 TYPE		91 TYPE	☐ Change ☐ Addition
022 NAME		92 NAME	
023 STREET ADDRESS		93 STREET ADDRESS	
024 CITY-ST-ZIP		94 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 added to the report with an address.

SIGNATURE: [signature] 5-11-95 284-9866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0036666 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **P94000056086 (9)**

1. Entity Name

BURGETT RACING INCORPORATED

APPROVED
MAY 21
FILED

Principal Place of Business

127 N. ATLAS DR.
APOPKA FL 32703

Mailing Address

127 N. ATLAS DR.
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified in Florida: 07/28/1994
3a. Date of Last Report:

21 — 2. Date of Change of Principal Address
26 — 2a. Mailing Address
4. FEI Number: 59-3275785 — Applied For / Not Applicable
22 — State Agent's Cert.
27 — State Agent's Cert.
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
23 — City, State, Zip Code
28 — City, State, Zip Code
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
24 — 25 — 29 — 30
8. Does corporation owe any back franchise tax under s. 220.02, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURGETT, ROBERT
127 N. ATLAS DR.
APOPKA FL 32703

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/or 607.1502, 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 (Only required if Agent is changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1.)	
1. Title	D	1. Title	☐ Change ☐ Addition
1. Name	BURGETT, ROBERT	1. Name	
1. Street Address	127 N. ATLAS DR.	1. Street Address	
1. City-St-Zip	APOPKA FL 32703	1. City-St-Zip	
2. Title		2. Title	☐ Change ☐ Addition
2. Name		2. Name	
2. Street Address		2. Street Address	
2. City-St-Zip		2. City-St-Zip	
3. Title		3. Title	☐ Change ☐ Addition
3. Name		3. Name	
3. Street Address		3. Street Address	
3. City-St-Zip		3. City-St-Zip	
4. Title		4. Title	☐ Change ☐ Addition
4. Name		4. Name	
4. Street Address		4. Street Address	
4. City-St-Zip		4. City-St-Zip	
5. Title		5. Title	☐ Change ☐ Addition
5. Name		5. Name	
5. Street Address		5. Street Address	
5. City-St-Zip		5. City-St-Zip	
6. Title		6. Title	☐ Change ☐ Addition
6. Name		6. Name	
6. Street Address		6. Street Address	
6. City-St-Zip		6. City-St-Zip	

14. I declare I certify that the information supplied with this filing is true and correct. I am aware that false information submitted in a document to the Department of State for filing may subject me to criminal sanctions. I further certify that the corporation named in this report has complied with the requirements of Chapter 607, Florida Statutes, regarding the registered office and registered agent. 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 above, or on an attachment with an address.

SIGNATURE: [signature] — 5-11-95 (Date) — 294-9866 (Daytime Phone Number)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0030443 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **P94000056481 (2)**

1. Corporate Name
D&J MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
1075 W 68TH ST SUITE 205 HIALEAH FL 33012	1075 W 68TH ST SUITE 205 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **07/29/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or PO — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0511418** ☐ 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
OLIVA, DAMARIS **1075 W 68TH ST SUITE 205** **HIALEAH FL 33012**	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 607.1509, 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 (if changing registered agent, registered agent must sign here) (if changing registered agent, registered agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	OLIVA, DAMARIS	12 NAME	
STREET ADDRESS	1075 W 68TH ST SUITE 205	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JAIME	22 NAME	
STREET ADDRESS	1075 W 68TH ST SUITE 205	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 any attachment with an address.

SIGNATURE: [signature] 5/19/95
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed Name

000158 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANN. A. REPORT
1995

APPROVED
AND
FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056537 (1)

LABLANCE TRAVEL, INC.

422 MONTROSE BLVD GULF BREEZE FL 32561	422 MONTROSE BLVD GULF BREEZE FL 32561

3. Date of Incorporation / Qualification: 07/26/1994
3a. Date of Last Report:

21 2430 Airport Blvd.	26 2430 Airport Blvd.	4. FEI Number: 59-3256268 — Applied For / Not Applicable
22 Pensacola Regional Airport Suite 115	27 Pensacola Regional Airport Suite 115	5. Certificate of Status Desired: $8.75 Additional Fee Required
23 Pensacola, FL	28 Pensacola, FL	6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
24 32504 — 25 U.S.A.	29 32504 — 30 U.S.A.	8. Does corporation own stock, or intangible tax under Ch. 199 Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LABLANCE, RICHARD
422 MONTROSE BLVD.
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: LeBlanc, Richard
82 Street Address (P.O. Box Number is Not Acceptable): 422 Montrose Blvd.
83
84 City: Gulf Breeze — FL — 85 Zip Code: 32561

11. Pursuant to Section ... 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. The corporation understands that the appointment of the registered agent and the address of the registered office must be maintained in accordance with ... Florida Statutes.

12. OFFICER AND DIRECTOR DATA	13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA
D LEBLANCE, RICHARD 422 MONTROSE BLVD. GULF BREEZE FL 32561	[X] Change [ ] Addition P,D LeBlanc, Richard 422 Montrose Blvd. Gulf Breeze, FL 32561
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is truthful and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: [signature] 5-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date

0300021 CP