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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060891 (6)

1. Corporation Name

MCRAE UREATHANE SYSTEMS, INC.

Principal Place of Business	Mailing Address
320 WALKER AVE. GREENACRES FL 33463	320 WALKER AVE. GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:

4. FEI Number: 650516072 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $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
State, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MCRAE, LARRY J SR
320 WALKER AVE.
GREENACRES FL 33463

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	DPT
NAME	MCRAE, LARRY J SR
STREET ADDRESS	320 WALKER AVE.
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	DVS
NAME	MCRAE, LARRY J JR
STREET ADDRESS	320 WALKER AVE.
CITY-ST-ZIP	GREENACRES FL 33463
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(1), 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 a 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: L. J. McRae LARRY J. McRAE 5/16/95 407-968-2243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0271666 CP

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CORPORATION ANNUAL REPORT

1995 5 2295 B- 16829 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061490 (6)

1. Corporate Name
FRANK G. ROBBINS, INC.

Principal Place of Business
5045 POSTELL DR
HOLIDAY FL 34690

Mailing Address
5045 POSTELL DR
HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3265621 — 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 § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBBINS, FRANK G
5045 POSTELL DR
HOLIDAY FL 34690

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 607.1508, 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
Name of New Registered Agent (Post Office Box Number Not Acceptable) — Date

12. OFFICERS AND DIRECTORS

121 Title	D
122 Name	ROBBINS, FRANK G
123 Street Address	5045 POSTELL DR
124 City-State-Zip	HOLIDAY FL 34690
125 Title	
126 Name	
127 Street Address	
128 City-State-Zip	
129 Title	
130 Name	
131 Street Address	
132 City-State-Zip	
133 Title	
134 Name	
135 Street Address	
136 City-State-Zip	
137 Title	
138 Name	
139 Street Address	
140 City-State-Zip	
141 Title	
142 Name	
143 Street Address	
144 City-State-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 Title	☐ Change ☐ Addition
132 Name	
133 Street Address	
134 City-State-Zip	
135 Title	☐ Change ☐ Addition
136 Name	
137 Street Address	
138 City-State-Zip	
139 Title	☐ Change ☐ Addition
140 Name	
141 Street Address	
142 City-State-Zip	
143 Title	☐ Change ☐ Addition
144 Name	
145 Street Address	
146 City-State-Zip	
147 Title	☐ Change ☐ Addition
148 Name	
149 Street Address	
150 City-State-Zip	
151 Title	☐ Change ☐ Addition
152 Name	
153 Street Address	
154 City-State-Zip	

14. I/We 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 on any attachment with blanks.

SIGNATURE: Frank G. Robbins — 5/16/95 — (813) 938-5453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK G ROBBINS Pres

Date — Daytime Phone #

0401000 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **P94000061690 (1)**

1. Entity Name

WELCOME HOME REALTY OF BREVARD, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~342 HURST RD NE~~ 2280 HARRIS AVE NE
PALM BAY FL ~~32907~~ Unit 2
Palm Bay FL.
32905

Mailing Address

342 HURST RD NE
PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1994**

3a. Date of Last Report:

2. Principal Place of Business
21 2280 Harris Ave. NE
Suite Apt # or
22 Unit 2
City & State
23 Palm Bay, FL
24 32905 25 USA

2a. Mailing Address
26
Suite Apt # or
27
City & State
28
29 30

4. FEI Number: 59-3270298 — 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 paid for intangible tax prior to 1995 (s. Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901

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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
101	D	111	☐ Change ☐ Addition
NAME	KATUZNY, MARION A	112 NAME	
STREET ADDRESS	342 HURST RD NE	113 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	114 CITY-ST-ZIP	
201	D	211	☐ Change ☐ Addition
NAME	KATUZNY, JOHN M	212 NAME	
STREET ADDRESS	342 HURST RD NE	213 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	214 CITY-ST-ZIP	
301		311	☐ Change ☐ Addition
NAME		312 NAME	
STREET ADDRESS		313 STREET ADDRESS	
CITY-ST-ZIP		314 CITY-ST-ZIP	
401		411	☐ Change ☐ Addition
NAME		412 NAME	
STREET ADDRESS		413 STREET ADDRESS	
CITY-ST-ZIP		414 CITY-ST-ZIP	
501		511	☐ Change ☐ Addition
NAME		512 NAME	
STREET ADDRESS		513 STREET ADDRESS	
CITY-ST-ZIP		514 CITY-ST-ZIP	
601		611	☐ Change ☐ Addition
NAME		612 NAME	
STREET ADDRESS		613 STREET ADDRESS	
CITY-ST-ZIP		614 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this 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: Marion A. Katuzny 5/16/95 (407)725-7332

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072765 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

DOCUMENT # **P94000062111 (7)**

TOTAL CONVENIENCE MARKETING, INC.

Principal Place of Business	Mailing Address
2481 WILLOWBROOK ROAD MERRITT ISLAND FL 32952	2481 WILLOWBROOK ROAD MERRITT ISLAND FL 32952

(Document Will Be Returned to the Above Address)

3. Date of Incorporation or Qualification: 08/23/1994 — 3a. Date of Last Report: N/A

2. Principal Place of Business — 21 — 2a. Mailing Address — 26

4. FEI Number: 59-3258213 — Applied For / Not Applicable

Suite, Apt. # or Bldg. — 22 — Suite, Apt. # or Bldg. — 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City, State — 23 — City, State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. The corporation is subject to chapter 617, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDONALD, STEPHEN J 315 SE 7TH STREET STE. 303 FORT LAUDERDALE FL 33301	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 607.0505, 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 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	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D ANDREWS, CECIL D 2481 WILLOWBROOK ROAD MERRITT ISLAND FL 32952	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is accurate 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] — May 19, 1995 — 4074526080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0074830 CP