FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065923 (2)

DRENNAN PROPERTIES, INC.

317 NELSON RD.
BRYSON CITY NC 28713

317 NELSON RD.
BRYSON CITY NC 28713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1994

3a. Date of Last Report:

4. FEI Number: Applied For [X] / 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 been, for corporate tax under S. 220.032 Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SIEGLE, LIZA M
1401 E. BROWARD BLVD.
SUITE 206
FT. LAUDERDALE FL 33301

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(s) 607.0502 and/or 608 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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	DVP	01 TITLE	[ ] Change [ ] Addition
02 NAME	DRENNAN, MARJORIE P	02 NAME	
03 STREET ADDRESS	317 NELSON RD.	03 STREET ADDRESS	
04 CITY ST ZIP	BRYSON CITY NC 28713	04 CITY ST ZIP	
05 TITLE	ST	05 TITLE	[ ] Change [ ] Addition
06 NAME	DRENNAN, MARJORIE P	06 NAME	
07 STREET ADDRESS	317 NELSON RD.	07 STREET ADDRESS	
08 CITY ST ZIP	BRYSON CITY NC 28713	08 CITY ST ZIP	
09 TITLE		09 TITLE	[ ] Change [ ] Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	[ ] Change [ ] Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	[ ] Change [ ] Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	[ ] Change [ ] Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this report is true and accurate and that my (our) 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: Marjorie P. Drennan 5/16/95 704-488-2840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE P. DRENNAN

Daytime Phone #

0477012 FP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 25 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065997 (6)

1. Corporation Name
JUTRAS & JUTRAS, P.A.

Principal Place of Business	Mailing Address
608 LAYPORT DR SEBASTIAN FL 32958	608 LAYPORT DR SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 433 Fellsmere Rd	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sebastian FL	City & State 28
Zip 24 32958 · Country 25	Zip 29 · Country 30

4. FEI Number: 65-0520418 ☐ 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
JUTRAS, GEORGE A JR. 608 LAYPORT DR SEBASTIAN FL 32958	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 1 TITLE	☐ Change ☐ Addition
NAME	JUTRAS, GEORGE A JR.	1 2 NAME	
STREET ADDRESS	608 LAYPORT DR	1 3 STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL 32958	1 4 CITY, ST, ZIP	
TITLE	VSD	2 1 TITLE	☐ Change ☐ Addition
NAME	JUTRAS, LISA D	2 2 NAME	
STREET ADDRESS	608 LAYPORT DR	2 3 STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL 32958	2 4 CITY, ST, ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY, ST, ZIP		3 4 CITY, ST, ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY, ST, ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		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 119.07(1)(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 an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/15/95 · Daytime Phone #: 407 388 1553

0074778 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066889 (4)

1. Corporation Name
GAFFCO, INC.

Principal Place of Business
1962-A VILLAGE GREEN WAY
TALLAHASSEE FL 32308

Mailing Address
1962-A VILLAGE GREEN WAY
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3273451
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. Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
2a. Mailing Address

9. Name and Address of Current Registered Agent

GAFF, ROBERT G
1962-A VILLAGE GREEN WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. Pursuant to the provisions of Sections ... 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

Title	Name	Street Address	City-St-Zip	
President	Gaff, Cynthia A.	1962-A Village Green Way	Tallahassee, Florida 32308	☒ Addition
Vice President	Gaff, Robert G.	1962-A Village Green Way	Tallahassee, Florida 32308	☒ 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)(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 an attachment with an address.

SIGNATURE: Robert G. Gaff Vice Pres — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/17/95 Daytime Phone #: 904 422 2044

0027441 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000067142 (7)

1. Corporate Name

BREZAC, INC.

Principal Office Address	Mailing Address
7501 N.W. 4TH ST. #112 PLANTATION FL 33317	7501 N.W. 4TH ST. #112 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994

3a. Date of Last Report:

4. FEI Number: 65-0517263 — 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 [X] No

2. Principal Office Address — 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

9. Name and Address of Current Registered Agent

WACHHOLDER, BARRY L C.P.A.
7501 N.W. 4TH ST.
#112
PLANTATION FL 33317

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
TITLE: D NAME: MORREALE, DARLENE STREET ADDRESS: 6210 N.W. 76TH CT. CITY-ST-ZIP: PARKLAND FL 33067	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I 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 the 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: Darlene Morreale — 5/18/95

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

0226480 CP