

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Office of the Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000065923 (2)

1. Corporation Name

DRENNAN PROPERTIES, INC.

APPROVED
AND
FILED

SEP 22 1995 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation or Qualification		3a. Date of Last Report	
09/02/1994			
4. FIC Number		☒ 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	
7. This corporation has liability for intangible tax under S. 194.032 Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIEGLE, LIZA M 1401 E. BROWARD BLVD. SUITE 206 FT. 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 sections 607.01(2), 607.01(3), and 607.01(4) of the 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 provisions of section 607 of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE IS TO OFFICERS AND DIRECTORS IN:	
1. NAME DRENNAN, MARJORIE P 2. STREET ADDRESS 317 NELSON RD. 3. CITY, STATE, ZIP BRYSON CITY NC 28713		1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME DRENNAN, MARJORIE P 5. STREET ADDRESS 317 NELSON RD. 6. CITY, STATE, ZIP BRYSON CITY NC 28713		4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP		7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	☐ Change ☐ Addition
10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP		10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP		13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in law 607.01(2)(b), Florida Statutes. I further certify that the information included 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 this corporation or the manager or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 14 of this report or an amendment thereto with an address.

SIGNATURE: *Marjorie P. Drennan*
MARJORIE P. DRENNAN
5/16/95
704-488-2840

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montalvo
Secretary of State
(850) 487-4000 FAX (850) 487-4020

APPROVED
AND
FILED

10 MAY 23 11:01:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065997 (6)

1. Corporation Name

JUTRAS & JUTRAS, P.A.

Principal Place of Business

608 LAYPORT DR
SEBASTIAN FL 32958

Mailing Address

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

4. FIC Number

CS-0520418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Does corporation have business not elsewhere listed under 12-132-000?
Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business

21 433 Fellsmere Rd

2a. Mailing Address

26

State Apt # etc

State Apt # etc

22 City & State

27 City & State

23 SEBASTIAN FL

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24 32958

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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, this 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 of person appointed as registered agent or both in 11

Signature of person appointed as registered agent or both in 11

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14

PTD
JUTRAS, GEORGE A JR.
608 LAYPORT DR
SEBASTIAN FL 32958

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

407 388 1823

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATE MANAGER
TALLAHASSEE, FLORIDA
32309-0001

DOCUMENT # P94000066889 (4)

1. Corporation Name
GAFFCO, INC.

APPROVED AND FILED
95 MAY 22 11:12 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
**1962-A VILLAGE GREEN WAY
TALLAHASSEE FL 32308**

2a. Mailing Address
**1962-A VILLAGE GREEN WAY
TALLAHASSEE FL 32308**

(CHECK ONE TO INDICATE SPACE)

3. Date of Registration 09/12/1994	3a. Date of Last Report N/A
4. FIC Number 59-3273451	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
7. Has corporation been authorized to act as agent for another corporation? Florida Statute: ☒ Yes ☐ No	

2. Principal Office Address 21	2a. Mailing Address 26
2b. City & State 22	2c. City & State 27
2d. City & State 23	2e. City & State 28
2f. City & State 24	2g. City & State 29
2h. City & State 25	2i. City & State 30

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2)(B), 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 Sections 607.01(1) and 607.01(2)(B), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Secretary or Assistant Secretary)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE		1. TITLE	President ☐ Change ☒ Addition
2. NAME		2. NAME	Gaff, Cynthia A.
3. STREET ADDRESS		3. STREET ADDRESS	1962-A Village Green Way
4. CITY & STATE		4. CITY & STATE	Tallahassee, Florida 32308
5. TITLE		5. TITLE	Vice President ☐ Change ☒ Addition
6. NAME		6. NAME	Gaff, Robert G.
7. STREET ADDRESS		7. STREET ADDRESS	1962-A Village Green Way
8. CITY & STATE		8. CITY & STATE	Tallahassee, Florida 32308
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	☐ Change ☐ Addition
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 310.07(3)(b), Florida Statutes. I further certify that the statements included 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 recipient or initiator requested to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any other document with an address.

SIGNATURE:

Robert G. Gaff
PRINT THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95

9044222041

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Tallahassee, Florida

APPROVED
AND
FILED

MAY 23 1995 15

DOCUMENT # **P94000067142 (7)**

BREZAC, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

3. Filing Date of this Report	3a. Filing Date of Report
09/13/1994	
4. Filing Number	Applied For
65-0517243	Not Applicable
5. Certificate of Status (Exempt)	\$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 delinquent tax under the Florida Statutes	☐ Yes ☒ No

2. Filing Date of this Report	2a. Mailing Address
21. State of Florida	26. State, Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WACHHOLDER, BARRY L C.P.A. 7501 N.W. 4TH ST. #112 PLANTATION FL 33317	81. Name 82. Street Address (If C. Box Number is Not Applicable) 83. 84. City 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has duly elected or appointed me as its registered agent for the State of Florida, and that I am qualified to act as such agent for the corporation for the term of one year from the date of this filing, as required by the Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME: MORREALE, DARLENE ADDRESS: 6210 N.W. 76TH CT. PARKLAND FL 33067	1. NAME: ☐ Change ☐ Addition 2. NAME: ☐ Change ☐ Addition 3. NAME: ☐ Change ☐ Addition 4. NAME: ☐ Change ☐ Addition 5. NAME: ☐ Change ☐ Addition 6. NAME: ☐ Change ☐ Addition 7. NAME: ☐ Change ☐ Addition 8. NAME: ☐ Change ☐ Addition 9. NAME: ☐ Change ☐ Addition 10. NAME: ☐ Change ☐ Addition 11. NAME: ☐ Change ☐ Addition 12. NAME: ☐ Change ☐ Addition 13. NAME: ☐ Change ☐ Addition 14. NAME: ☐ Change ☐ Addition 15. NAME: ☐ Change ☐ Addition 16. NAME: ☐ Change ☐ Addition 17. NAME: ☐ Change ☐ Addition 18. NAME: ☐ Change ☐ Addition 19. NAME: ☐ Change ☐ Addition 20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is accurate, complete and true to the best of my knowledge and belief, and that I am qualified to act as such agent for the corporation for the term of one year from the date of this filing, as required by the Florida Statutes, and that my name appears on the list of officers and directors of the corporation for the term of one year from the date of this filing, as required by the Florida Statutes.

SIGNATURE: *Darlene Morreale* 5/18/95