

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000077998 (0)

1. Corporation Name

APAQUOGUE INDUSTRIES, INC.

Principal Place of Business

C/O 4095 LIVE OAK BLVD.
DELRAY BEACH FL 33445

Mailing Address

C/O 4095 LIVE OAK BLVD.
DELRAY BEACH FL 33445

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN 14 AM 10:03

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/24/1994

2. Principal Place of Business

2a. Mailing Address

21 4845 Tallowood Lane

26 4845 Tallowood Lane

4. FEI Number

65-0528352

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Boca Raton, Florida

27 Boca Raton, Florida

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Boca Raton, Florida

28 Boca Raton, Florida

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 33487

25 USA

Zip

Country

29 33487

30 USA

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 Now Registered Agent

PADOVER, MARVIN
4095 LIVE OAK BLVD.
DELRAY BEACH FL 33445

81 Name

Padover, Marvin

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

4845 Tallowood Lane

83

84 City

Boca Raton

FL

85 Zip Code

33487

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PADOVER, MARVIN
STREET ADDRESS	4095 LIVE OAK BLVD.
CITY ST ZIP	DELRAY BEACH FL 33445
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

1.1 TITLE	D, P	☐ Change ☐ Addition
1.2 NAME	Padover, Marvin	
1.3 STREET ADDRESS	4845 Tallowood Lane	
1.4 CITY ST ZIP	Boca Raton, FL 33487	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-95

407 995-1983

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000078327 (1)

1. Corporation Name

S E S, INC

Principal Place of Business

1345 ORANGE CIR. SOUTH
ORANGE PARK FL 32073

Mailing Address

1345 ORANGE CIR. SOUTH
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3263477

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHMIDT, JAMES A
1345 ORANGE CIR. SOUTH
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	JAMES A. SCHMIDT	1345 ORANGE CIR. S.	ORANGE PARK, FL 32073
VICE PRES. & Sec. TREAS.	SHARON E. SCHMIDT	1345 ORANGE CIR. S.	ORANGE PARK, FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. 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 110.07(3)(b), 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: *James A. Schmidt* JAMES A. SCHMIDT

5-20-95 (904) 278-8410

Date

Daytime Phone #

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000078539 (1)

1. Corporation Name

SANTA ROSA SWEETS INC.

Principal Place of Business

**600 SCENIC HIGHWAY SUITE 316
PENSACOLA FL 32503**

Mailing Address

**600 SCENIC HIGHWAY SUITE 316
PENSACOLA FL 32503**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

24
Country

28
Zip

29
Country

4. FEI Number

59-3274418

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. 199.002,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COOPER, DEBRA D
423 N BAYLEN ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

**81 Name ARCHIBALD HOVANESIAN, JR, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable) 600 SCENIC HWY, SUITE 223
83
84 City PENSACOLA FL 85 Zip Code 32503**

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

Attorney ARCHIBALD HOVANESIAN, JR **6/9/95**

Signature (Typed or printed name of registered agent and title if necessary)

Signature (Typed or printed name of new registered agent and title if necessary)

DATE

12. OFFICERS AND DIRECTORS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
1.2 NAME	JOHN. C. HOVANESIAN	
1.3 STREET ADDRESS	5951 OGLESBY RD	
1.4 CITY - ST - ZIP	MILTON, FL 32570	
2.1 TITLE	GENERAL COUNSEL/SCENIC	☐ Change ☐ Addition
2.2 NAME	ARCHIBALD HOVANESIAN, JR.	
2.3 STREET ADDRESS	600 SCENIC HWY, STE 223	
2.4 CITY - ST - ZIP	PENSACOLA, FL 32503	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(3)(b), 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

ARCHIBALD HOVANESIAN, JR, ESQUIRE

6/9/95 (94)436-4461

Signature and Typed or Printed Name of Signing Officer or Director

Date

System Form #