FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000078709 (0)

1. Corporate Name

BUILDING MATERIAL SPECIALISTS, INC.

Principal Place of Business	Mailing Address
13052 COMPTON ROAD LOXAHATCHEE FL 33470	13052 COMPTON ROAD LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 10/25/1994

3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite Apt. # — 22 / City — 23 / State — 24 / Zip — 25

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

4. FEI Number: 65-0538961

Apparent Entity / 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 filed, or is exempt from filing, under S. 607.1501, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHANCELOR, BILLY 13052 COMPTON ROAD LOXAHATCHEE FL 33470	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 607.0505 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

(Name of New Registered Agent (capitalize) — Date) (New Registered Agent's signature required for new agent)

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE: P 2 NAME: CHANCELLOR, BILLY 3 STREET ADDRESS: 13052 COMPTON ROAD 4 CITY ST ZIP: LOXAHATCHEE FL 33470	1 TITLE ☐ Change ☐ Addition 2 NAME 3 STREET ADDRESS 4 CITY ST ZIP
5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY ST ZIP	5 TITLE ☐ Change ☐ Addition 6 NAME 7 STREET ADDRESS 8 CITY ST ZIP
9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	9 TITLE ☐ Change ☐ Addition 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	13 TITLE ☐ Change ☐ Addition 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	17 TITLE ☐ Change ☐ Addition 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP

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 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 by this amendment with my address.

SIGNATURE: Billy Chancellor — Billy Chancellor — 4-10-95 — 407-795-3014

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

0273720 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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AND
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ANNUAL REPORT

1995

DOCUMENT # **P94000079065 (6)**

1. **BETAMAN, INC.**

Principal Place of Business	Mailing Address
8370 W. FLAGLER ST SUITE 216 MIAMI FL 33144-2100	8370 W FLAGLER ST. SUITE 216 MIAMI FL 33144-2100

3. Date of Incorporation: 10/27/1994

3a. Date of Last Filing:

4. FEI Number: 65-0528860 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] — $8.75 Additional Fee Required

6. Use for Campaign Contribution Trust Fund Compliance: [ ] — $5.00 May Be Added to Fees

8. Does corporation have total, for all years, gross receipts over $1,000,000? Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MANCIA, BEJAMIN F
4470 N.W. 102ND PLACE
MIAMI FL 33178

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 607.1501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a registered agent is a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SUBMITTED

12. OFFICER AND DIRECTOR DATA	13. ADDITIONAL OFFICER AND DIRECTOR DATA
P MANCIA, BENJAMIN F 4470 N.W. 102ND PLACE MIAMI FL 33178	
T MANCIA, TANIA F 4470 N.W. 102ND PLACE MIAMI FL 33178	

14. I hereby certify that the information supplied with this report is true, accurate and complete as required by the provisions stated in Section 607.1501, Florida Statutes. I further certify that the information indicates the annual report of this domestic profit corporation is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 asterisk (*) or an attachment with an address.

SIGNATURE: [signature] DR. BENJAMIN F. MANCIA PRESIDENT 5-16-95 (305) 559-5591

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

0187015 CP

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APPROVED AND FILED

95 MAY 22 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000079581 (2)

1. Corporate Name

GEORGOS GEORGES SHELL MART, INC.

Principal Place of Business	Mailing Address
1199 N. MISSOURI AVENUE LARGO FL 34640	1199 N. MISSOURI AVENUE LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-3275053 — Applied For / Not Applicable

Suite Apt. # etc. — 22 / 27

5. Certificate of State Desired [ ] — $8.75 Additional Fee Required

City & State — 23 / 28

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

24 — 25 — 29 — 30

8. This corporation has/has not elected to be taxable as under S. 1361.0?, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GEORGES, GEORGOS
2654 COUNTRY GROVE BLVD.
PALM HARBOR FL 34684

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 607.0501 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 or Registered Agent's address)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Georges Georgos 2654 Country Grove Blvd. Palm harbor, Fl 34684
1. TITLE 2. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	[ ] Change [ ] Addition
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	[ ] Change [ ] Addition
41. TITLE 4. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	[ ] Change [ ] Addition
51. TITLE 5. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	[ ] Change [ ] Addition
61. TITLE 6. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is 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 asterisk or on an attachment with an asterisk.

SIGNATURE: Georgos Georges — 5-19-95

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

0371259 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # P94000080544 (7)

1. Corporation Name

GREATER AMERICAN MARKETING CORPORATION

Principal Place of Business	Mailing Address
19256 REDBERRY COURT BOCA RATON FL 33498	19256 REDBERRY COURT BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

	2. Principal Place of Business		2a. Mailing Address
21	1761 W. HILLSBORO BLVD.	26	1761 W. HILLSBORO BLVD.
22	Suite, Apt. #, etc. SUITE 205	27	Suite, Apt. #, etc. SUITE 205
23	City & State DEERFIELD BEACH, FL	28	City & State DEERFIELD BEACH, FL
24	Zip 33442	29	Zip 33442
25	Country USA	30	Country USA

4. FEI Number: 65-0540183 ☐ 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
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: BIONET, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1761 W. HILLSBORO BLVD. 83 SUITE 205 84 City: DEERFIELD BEACH FL 85 Zip Code: 33442

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] JERRY GOLDFARB, PRESIDENT 5/19/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	GOLDFARB, JERRY	1 NAME	
STREET ADDRESS	19256 REDBERRY COURT	1 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		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)(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] JERRY GOLDFARB, PRES. 5/19/95 (305)426-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0281826 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

MAY 19 15

FLORIDA

DOCUMENT # **P94000081271 (6)**

1. Corporate Name
MR. KWIK KEY, INC.

Principal Place of Business
360 BALI ST SE
PALM BAY FL 32909

Mailing Address
360 BALI ST SE
PALM BAY FL 32909

(Name & Address to be CHANGED)

3. Date Incorporated / Qualified: **11/04/1994**
3a. Date of Last Report:

21 2. Principal Place of Business:
22 Suite, Apt. #, etc.
23 City & State:
24 ZIP
25 County

26 2a. Mailing Address:
27 Suite, Apt. #, etc.
28 City & State:
29 ZIP
30 County

4. FEI Number: 59-3278538 [ ] 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 activity for interstate tax under s. 1366.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CARRICK, CORAL
360 BALI ST SE
PALM BAY FL 32909

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 607.1007 and 607.1008, 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: C M Carrick Coral Carrick 5-16-95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, New Registered Agent must sign) (Date)

12. OFFICER AND DIRECTORS

TITLE: DP
NAME: CARRICK, CORAL
STREET ADDRESS: 360 BALI ST SE
CITY-ST-ZIP: PALM BAY FL 32909

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] Change [ ] Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I 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 an attachment with an address.

SIGNATURE: C M Carrick Coral Carrick 5-16-95 407-722-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0073028 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000081450 (6)

J.H. ATKINS GENERAL CONTRACTOR, INC.

Principal Place of Business	Mailing Address
19243 VINTAGE TRACE CIR FT MYERS FL 33912	19243 VINTAGE TRACE CIR FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994

3a. Date of Last Report

4. FEI Number: 65-0579931 — Applied For / Not Applicable

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

21 — 26

22 Suite, Apt. #, etc. — 27 Suite, Apt. #, etc.

23 City & State — 28 City & State

24 — 25 — 29 — 30

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

ATKINS, JAMES H JR
19243 VINTAGE TRACE CIR
FT MYERS FL 33912

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 617.0502, 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	D
NAME	ATKINS, JAMES H JR
STREET ADDRESS	19243 VINTAGE TRACE CIR
CITY-ST-ZIP	FT MYERS FL 33912

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] 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 119.07(1)(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 [signature] 4/17/95 813-267-4655

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

0022923 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

DOCUMENT # **P94000081525 (5)**

FLYING DUTCHMAN RANCH, INC.

Principal Place of Business	Mailing Address
8580 SW 27TH AVE OCALA FL 34476	8580 SW 27TH AVE OCALA FL 34476

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **11/07/1994**
3a. Date of Last Report:

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

Suite, Apt. # — 22
Suite, Apt. # — 27

City, State, Zip — 23
City, State — 28

24 — 25 — 29 — 30

4. FEI Number: 59-3278186 ☐ 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 already filed its estimate as under S. 220.222, Florida Statutes.* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEADOWS, SEBERT M 8580 SW 27TH AVE. OCALA FL 34476	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 607.0501 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: (Required if this is a change of registered agent. Typed or printed name of registered agent and title if agent is a corporation.) (Registered Agent's signature required when applicable.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
31 TITLE	D	91 TITLE	☐ Change ☐ Addition
32 NAME	MEADOWS, SEBERT M	92 NAME	
33 STREET ADDRESS	8580 SW 27TH AVE.	93 STREET ADDRESS	
34 CITY ST ZIP	OCALA FL 34476	94 CITY ST ZIP	
35 TITLE	D	95 TITLE	☐ Change ☐ Addition
36 NAME	MORSE, STEVE	96 NAME	
37 STREET ADDRESS	3476 SW 85TH ST.	97 STREET ADDRESS	
38 CITY ST ZIP	OCALA FL 34476	98 CITY ST ZIP	
39 TITLE	D	99 TITLE	☐ Change ☐ Addition
40 NAME	MCLEOD, LU	100 NAME	
41 STREET ADDRESS	P.O. BOX 2471 N/A	101 STREET ADDRESS	
42 CITY ST ZIP	OCALA FL 34478	102 CITY ST ZIP	
43 TITLE		103 TITLE	☐ Change ☐ Addition
44 NAME		104 NAME	
45 STREET ADDRESS		105 STREET ADDRESS	
46 CITY ST ZIP		106 CITY ST ZIP	
47 TITLE		107 TITLE	☐ Change ☐ Addition
48 NAME		108 NAME	
49 STREET ADDRESS		109 STREET ADDRESS	
50 CITY ST ZIP		110 CITY ST ZIP	
51 TITLE		111 TITLE	☐ Change ☐ Addition
52 NAME		112 NAME	
53 STREET ADDRESS		113 STREET ADDRESS	
54 CITY ST ZIP		114 CITY ST ZIP	

14. I, the undersigned, 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 1, 2 or Block 11 changed, or on an attachment with an address.

SIGNATURE: Sebert M. Meadows President 5/15/95 904-622-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0353548 CP