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 10 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081931 (5)

1. Corporation Name
AERIAL MEDIA SERVICES INC.

Principal Place of Business: 1320 N. 70TH AVE, HOLLYWOOD FL 33024

Mailing Address: 1320 N. 70TH AVE. HOLLYWOOD FL 33024

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
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: 65-0552331 ☐ 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

WOLFE, LARRY
200 A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

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	
TITLE	D	1) TITLE	P ☒ Change ☐ Addition
NAME	SORENSON, MARK A	1) NAME	SORENSON, MARK A.
STREET ADDRESS	1320 N. 70TH AVE.	1) STREET ADDRESS	1320 N 70 AV
CITY-ST-ZIP	HOLLYWOOD FL 33024	1) CITY-ST-ZIP	HOLLYWOOD, FL 33024
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1995 Date
305-987-8060 Daytime Phone #

0423360 FP

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CORPORATION
ANNUAL REPORT

1995

FILED
Department of State

APPROVED
AND
FILED

DOCUMENT # **P94000082120 (4)**

1. Entity Name

R & E CARPENTRY, INC.

Principal Office Address

566 GOLDEN DOVE AVE
PALM BAY FL 32907

Mailing Address

566 GOLDEN DOVE AVE.
PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1994**

3a. Date of Last Report:

2. Previous Document Number: 21

2a. Mailing Address: 26

4. FEI Number: **59-3294040**

Applied For / Not Applicable

Suite, Apt. # or P.O. Box: 22

Suite, Apt. # or P.O. Box: 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

Zip: 24 County: 25 Zip: 29 County: 30

8. This corporation has taken or intends to take advantage of the provisions of Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0505, and 607.1908, 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 (or agent of) and 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
TYPE	DP	☐ Change ☐ Addition
NAME	RUFFO, TED	
STREET ADDRESS	566 GOLDEN DOVE AVE.	
CITY-ST-ZIP	PALM BAY FL 32907	
TYPE	DS	☐ Change ☐ Addition
NAME	ENGLUND, ROGER	
STREET ADDRESS	511 DEWITT AVE., N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is true, complete and accurate and that my electronic 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 I am aware of the penalties for making false statements contained in this report.

SIGNATURE: Ted Ruffo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

401-725-0103

0419000 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000082484 (4)

1. Corporate Name

JDL ENTERPRISES OF TAMPA, INC.

FILED
95 MAY -5 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
27303 MILLER RD DADE CITY FL	27303 MILLER RD DADE CITY FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

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

3a. Date of Last Report:

4. FEI Number: 59-3384348 ☐ 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

CARR, DAVID M
600 MADISON ST
TAMPA FL 33602

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 607.0502 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D MOREJON, DAVID 27303 MILLER RD DADE CITY FL 33525	☐ Change ☐ Addition
D MOREJON, LINDA M 27303 MILLER RD DADE CITY FL 33525	☐ Change ☐ Addition
D MOREJON, JOSEPHINE 3229 W GROVE ST TAMPA FL 33614	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare I verify that the information supplied with this blank 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 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 with an address.

SIGNATURE: Linda M Morejon Sec./Treasurer 5/5/95 (813)223-7338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA M. MOREJON

0204310 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000082523 (9)

1. Entity Name

NATIONAL PREMIER HOLDING COMPANY, INC.

Principal Office	Mailing Address
3015 46TH AVENUE NORTH ST. PETERSBURG FL 33714	3015 46TH AVENUE NORTH ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 11/10/1994

3a. Date of Last Report:

21 2. Principal Office Address

26 2a. Mailing Address

4. FEI Number: Applied For ☐ Not Applicable ☐

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip 25 County

29 Zip 30 County

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FURMAN, TERENCE E
3015 46TH AVENUE NORTH
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name: DIANA FINK

82 Street Address (P.O. Box Number is Not Acceptable): 3015 46th Avenue North

83

84 City: St Petersburg FL 85 Zip Code: 33714

11. Pursuant to the provisions of Section 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Diana Fink 5/5/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (by #)
D FINK, DIANA 3015 46TH AVENUE NORTH ST. PETERSBURG FL 33714	☐ Change ☐ Addition
D AMBROSE, MICHAEL 3015 46TH AVENUE NORTH ST. PETERSBURG FL 33714	☐ Change ☐ Addition
D PARKS, HERBERT 3015 46TH AVENUE NORTH ST. PETERSBURG FL 33714	☐ Change ☐ Addition
D FURMAN, TERENCE E 3015 46TH AVENUE NORTH ST. PETERSBURG FL 33714	☐ Change ☐ Addition
D FILIDES, FRITZIE 3015 46TH AVENUE NORTH ST. PETERSBURG FL 33714	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate, and that the mandatory fees due and payable pursuant to Section 607.193 and Section 607.1622, Florida Statutes, are enclosed. 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 I am familiar with the obligations of those sections and the penalties for failure to comply.

SIGNATURE: Diana Fink 5/5/95

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

031409 CR

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
(illegible)
(illegible): 25
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082831 (6)**

1. Corporate Name
WOODBRIDGE RADIOLOGY, INC.

Principal Place of Business	Mailing Address
11730 RIDGEVIEW LANE #33 SEMINOLE FL 34642	11730 RIDGEVIEW LANE #33 SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3279080 — Applied For / Not Applicable

Sale Apt # or Bldg — 22
Sale 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

City — 24 — County — 25
City — 29 — County — 30
8. The corporation is subject to chapter 617, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBS, RICHARD O 13577 FEATHER SOUND DR. CLEARWATER FL 34622	81 Name: Alan S Goldman 82 Street Address (P.O. Box Number is Not Acceptable): 1245 Court St. 83: Suite 102 84 City: Clearwater FL 85 Zip Code: 34616

11. Pursuant to the provisions of Section(s) 607.1905 and/or 1908, 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. The submission of this statement 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: Alan S Goldman — 5/5/25

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995
	Title: President (P) [ ] Change [ ] Addition Name: HOWARD ADELMAN Address: 11730 RIDGEVIEW LN #33 City/State/Zip: SEMINOLE FL 34642
	Title: V [ ] Change [ ] Addition Name: HOWARD ADELMAN Address: See above
	Title: T [ ] Change [ ] Addition Name: HOWARD ADELMAN Address: See above
	Title: S [ ] Change [ ] Addition Name: HOWARD ADELMAN Address: See above
	Title: [ ] Change [ ] Addition Name: Address:
	Title: [ ] Change [ ] Addition Name: Address:

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

SIGNATURE: _____ 5/5/25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0342A19 CR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995

FILED
95 MAY -9 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082997 (5)

1. TREE GREEN D.B.L., INC.

Mailing Address	Street Address
8106 PAMLICO ST. ORLANDO FL 32817	8106 PAMLICO ST ORLANDO FL 32817

3. Date of Last Annual Report: 11/14/1994

3a. Date of this Report:

4. FEI Number: 59 3282511 — 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 paid, or intends to pay, in advance its fee under § 19[illegible] Florida Statutes: ☐ Yes ☐ No

21	22	23	24	25	26	27	28	29	30

9. Name and Address of Current Registered Agent

FISH, ROBERT M
8106 PAMLICO ST.
ORLANDO FL 32817

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 [illegible] 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 Sec. [illegible] Florida Statutes.

SIGNATURE:

12. OFFICER AND/OR DIRECTORS

D NAME FISH, ROBERT M 8106 PAMLICO ST. ORLANDO FL 32817	
D NAME FISH, MARY ALICE 8106 PAMLICO ST. ORLANDO FL 32817	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. For profit corporations only: Each domestic corporation, authorized to transact business in the State of Florida, is required to file, with its annual report, the name and address of each Florida resident appointed as an officer or director of the corporation, with the exception of any officer or director who has been designated by the corporation as the resident agent. If the corporation has no officer or director who is a resident of Florida, the corporation must designate a resident agent. (See instructions for this report.) Failure to file the name and address of a Florida resident officer, director or agent will result in the dissolution of the corporation.

SIGNATURE: Robert M Fish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95 (407) 629-3100

0080483 CP