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 APR 28 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088179 (4)

1. Corporate Name

TAMPA BARGE COMPANY, INC.

Principal Place of Business

2302 S. OCCIDENT STREET
TAMPA FL 33629

Mailing Address

2302 S. OCCIDENT STREET
TAMPA FL 33629

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 12/06/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 31-14-22384 ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 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. Does corporation have liability for intangible tax under S. 199.023 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLOOD, PHILIP G
2302 S. OCCIDENT STREET
TAMPA FL 33629

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, 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	
7 TITLE	PSTD	7 TITLE	☒ Change ☐ Addition
8 NAME	FLOOD, PHILIP G	8 NAME	PTD FLOOD, PHILIP G.
9 STREET ADDRESS	2302 S. OCCIDENT STREET	9 STREET ADDRESS	2302 S. OCCIDENT ST.
10 CITY ST ZIP	TAMPA FL 33629	10 CITY ST ZIP	TAMPA, FL. 33629
11 TITLE		11 TITLE	☐ Change ☒ Addition
12 NAME		12 NAME	SD GRAHAM, GARY L.
13 STREET ADDRESS		13 STREET ADDRESS	1233 TANGLEWOOD TRACE
14 CITY ST ZIP		14 CITY ST ZIP	O'FALLON, ILL 62269
15 TITLE		15 TITLE	☐ Change ☐ Addition
16 NAME		16 NAME	
17 STREET ADDRESS		17 STREET ADDRESS	
18 CITY ST ZIP		18 CITY ST ZIP	
19 TITLE		19 TITLE	☐ Change ☐ Addition
20 NAME		20 NAME	
21 STREET ADDRESS		21 STREET ADDRESS	
22 CITY ST ZIP		22 CITY ST ZIP	
23 TITLE		23 TITLE	☐ Change ☐ Addition
24 NAME		24 NAME	
25 STREET ADDRESS		25 STREET ADDRESS	
26 CITY ST ZIP		26 CITY ST ZIP	
27 TITLE		27 TITLE	☐ Change ☐ Addition
28 NAME		28 NAME	
29 STREET ADDRESS		29 STREET ADDRESS	
30 CITY ST ZIP		30 CITY ST ZIP	

14. I/We 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 with any changes or additions reflected.

SIGNATURE: Philip G. Flood — 4/24/95 — 813/286-1281

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

0301312 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000088615 (7)

GOLDEN PYRAMID KIDZ DAY CARE & PRESCHOOL, INC.

Principal Place of Business: ~~9838 SW 117TH CT MIAMI FL 33186~~ 117 SW 1ST ST HALLANDALE, FL 33009

Mailing Address: 9838 SW 117TH CT MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994

3a. Date of Last Report

4. FEI Number: 65-0541744

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

2. Principal Place of Business: 117 SW 1ST STREET — 2a. Mailing Address: 117 SW 1ST STREET

City & State: HALLANDALE, FL — HALLANDALE, FL

Zip: 33009 — 33009

8. Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSHIKOYA, HAKEEM 9838 SW 117TH CT MIAMI FL 33186	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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: OSHIKOYA, HAKEEM K STREET ADDRESS: % 9838 SW 117TH CT CITY-ST-ZIP: MIAMI FL 33186	[ ] Change [ ] Addition
TITLE: D NAME: OSHIKOYA, OMOTOLANI O STREET ADDRESS: % 9838 SW 117TH CT CITY-ST-ZIP: MIAMI FL 33186	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is accurate and complete...

SIGNATURE: HAKEEM OSHIKOYA 4/[illegible] (305) [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0203800 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
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089335 (1)**

1. Corporation Name

HEAVY METAL TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
5754 HORSHOE POINT RD., SE STUART FL 34997	5754 HORSHOE POINT RD., SE STUART FL 34997

APPROVED AND FILED
95 ... PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:

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

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

4. FEI Number: 65-0552712 ☐ 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

LAPRADE, STEVEN E
5754 S.E. HORSHOE POINT RD.
STUART FL 34997

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAPRADE, STEVEN E
STREET ADDRESS	5754 S.E. HORSHOE POINT RD.
CITY-ST-ZIP	STUART FL 34997
TITLE	D
NAME	DAVIS, VICKI L
STREET ADDRESS	5754 S.E. HORSHOE POINT RD.
CITY-ST-ZIP	STUART FL 34997

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PresiDent	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VicePres T, S.	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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(i)(a), 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: Vicki L. Davis Vice President 4/14/95 407-225-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0465122 FP

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
(illegible)
95 (illegible) 03
(illegible)
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091618 (6)**

1. Corporate Name

S. & R CABLE SERVICES, INC.

Principal Place of Business

30 WACASSA TRAIL
SORRENTO FL 32776

Mailing Address

30 WACASSA TRAIL
SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1994**

3a. Date of Last Report:

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: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3287771** ☐ Applied For ☐ Not Applicable

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

6. (illegible) ☐ **$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

SULLENBERGER, JAMES E
30 WACASSA TRAIL
SORRENTO FL 32776

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 (illegible)

12. OFFICERS AND DIRECTORS		13. (illegible)	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SULLENBERGER, JAMES E	12 NAME	
STREET ADDRESS	30 WACASSA TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROGERS, WILLIAM J	22 NAME	
STREET ADDRESS	4205 TURNER ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 attachment with an address.

SIGNATURE: James E Sullenberger 4/18/95 904 383 0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0003351 FP