

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

CORPORATION
ANNUAL REPORT
1995



THE FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 11 AM 10:35

DOCUMENT # P94000091184 (9)

NATIVE CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3209 SE OTIS LN PORT ST LUCIE FL 34984-6504		3209 SE OTIS LN PORT ST LUCIE FL 34984-6504	
2. Filing Office (Check one) ☐ Principal Office ☐ Branch Office		3. Date of Report (Month/Day/Year) 12/15/1994	
21. State App # (if any)		3a. Date of Last Report N/A	
22. City & State		4. FIC Number 65-0541524	
23. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. City & State		7. This corporation has liability for damages for under \$100,000, Florida Statutes ☐ Yes ☒ No	
26. City & State		8. This corporation has liability for damages for under \$100,000, Florida Statutes ☐ Yes ☒ No	
27. City & State		9. Name and Address of Current Registered Agent BRYDEBELL, DONALD M 3209 SE OTIS LN PORT ST LUCIE FL 34984-6504	
28. City & State		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Numbers Not Acceptable) 83. City 84. City 85. Zip Code FL	
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. Signature of Registered Agent (Print Name and Address) 13. Signature of New Registered Agent (Print Name and Address)			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. OFFICERS AND DIRECTORS NAME: D BRYDEBELL, DONALD M STREET ADDRESS: 3209 SE OTIS LN CITY: PORT ST LUCIE FL 34984-6504		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME	
14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information included in 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. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes to officers and directors with an addition.			
SIGNATURE: [Signature]		Donald M Brydebell 5/6/95 (407) 336 1884	

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OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3900 W. BAY BLVD., SUITE 100
TALLAHASSEE, FLORIDA 32309-4000

APR 12 1996

9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091431 (4)**

THE CLOSING TABLE, INC. OF ORLANDO

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business		Mailing Address	
2170 WEST STATE ROAD 434 SUITE 302 LONGWOOD FL 32779		2170 WEST STATE ROAD 434 SUITE 302 LONGWOOD FL 32779	
3. Date incorporated or Qualified		3a. Date of Last Report	
12/16/1994			
4. FFI Number		Applied For	
59-3292954		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Has the corporation been in existence for at least 12 months?		\$5.00 May Be Added to Fees	
A. The corporation has liability for intangible tax under S. 195.012 Florida Statutes		Yes ☐ No ☒	
21. Principal Place of Business	22. Mailing Address	23. City & State	24. City & State
25. City & State	26. City & State	27. City & State	28. City & State
29. City & State	30. City & State	31. City & State	32. City & State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, KATHRYN L 2170 WEST STATE ROAD 434 SUITE 302 LONGWOOD FL 32779		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	
		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. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PD	1. TITLE	
NAME	FURMAN, HOWARD MARK	2. NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 220	3. STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL 33324	4. CITY, ST, ZIP	
TITLE	STD	5. TITLE	
NAME	FURMAN, SUSAN T	6. NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 220	7. STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL 33324	8. CITY, ST, ZIP	
TITLE	VPD	9. TITLE	
NAME	SMITH, KATHRYN L	10. NAME	
STREET ADDRESS	2170 WEST STATE ROAD 434	11. STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL 32779	12. CITY, ST, ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		25. TITLE	
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY, ST, ZIP		28. 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 195.02(4)(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. 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Kathryn L. Smith 5-12-95 (407) 788-6228

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. SHAW
GOVERNOR
TALLAHASSEE, FLORIDA 32304

APPROVED
1995
MAY 15

DOCUMENT # P94000091594 (9)

QUALITY FISHING PRODUCTS INC.

1995 MAY 15
TALLAHASSEE, FLORIDA

Previous Registered Agent
**8294 N.W. 24TH STREET
CORAL SPRINGS FL 33065**

New Agent
**8294 N.W. 24TH STREET
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
12/16/1994

3a. Date of Last Report
12/16/1994

4. FIC Number
105-6547269

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

6. Has Not Campaign Finance and Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.03, Florida Statutes ☒ Yes ☐ No

2. Mailed to this address
21 State: Apt. # etc.
22 City & State
23 Zip
24 Country

2a. Mailed to this address
26 State: Apt. # etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**PERKINS, JAMIE
8294 N.W. 24TH STREET
CORAL SPRINGS FL 33065**

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 607.05(1), and 607.1904, 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. ADDITIONAL MANAGERS, CONTROLLER, SECRETARY, TREASURER	
TITLE	PTD	1. TITLE	☐ Change ☐ Addition
NAME	PERKINS, JAMIE	1. NAME	
STREET ADDRESS	8294 N.W. 24TH STREET	1. STREET ADDRESS	
CITY, ST. ZIP	CORAL SPRINGS FL 33065	1. CITY, ST. ZIP	
TITLE	SVD	2. TITLE	☐ Change ☐ Addition
NAME	PERKINS, TERRIE	2. NAME	
STREET ADDRESS	8294 N.W. 24TH STREET	2. STREET ADDRESS	
CITY, ST. ZIP	CORAL SPRINGS FL 33065	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 Sections 199.03, Florida Statutes. I further certify that the information filed about in this annual report or supplementary 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 officer or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Terrie Perkins* **05/11/95** **(407) 361 9417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR