

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Frank B. Mondrup
Secretary of State
(DIVISION OF CORPORATIONS)

APPROVED
AND
FILED

93 MAY 1 1995

SECRET
1995 MAY 1 1995

DOCUMENT # **P94000091385 (2)**

1. Corporation Name

CASSIDY SUPPLY, INC.

Principal Place of Business

**933 SHOTGUN ROAD
SUNRISE FL 33326**

Mailing Address

**933 SHOTGUN ROAD
SUNRISE FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/19/1994

3a. Date of Last Report

4. FEI Number

65-0547490

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 liability for intangible tax under § 190.022,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

City

State

City

State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACON, EDWARD
933 SHOTGUN ROAD
SUNRISE FL 33326**

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 607.0503 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 of the person designated as registered agent and the Secretary of State

Signature of the person designated as registered agent and the Secretary of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDRESS OF EACH OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**President / Director
Edward Bacon
933 Shotgun Road
Sunrise, FL 33326**

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

☐ Change ☐ Addition

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 190.023(3)(b), Florida Statutes. I further certify that the information is not filed as part of an annual report or supplemental annual report, 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 person or persons 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:

Edward Bacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

473-4409

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

CORPORATION
ANNUAL REPORT
1995



DOCUMENT # P94000091981 (8)

1. Corporate Name

RAS SERVICES OF JACKSONVILLE, INC.

Principal Place of Business

2700 C UNIVERSITY BLVD WEST SUITE 4
JACKSONVILLE FL 32217

Mailing Address

2700 C UNIVERSITY BLVD WEST SUITE 4
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

4. FCI Number

59-3315612

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Finance and
Trust Fund Contributions

\$5.00 May Be
Added to Fees

7. This corporation has liability for negligence tax under § 120.025,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

City & State

27

City & State

23

28

JACKSONVILLE FL

24

25

29

32241

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUNDERS, MELBOURNE A
2700 C UNIVERSITY BLVD WEST SUITE 4
JACKSONVILLE FL 32217

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 607.0540 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, thereby accept the appointment as registered agent. I am hereby authorized to sign this statement of change in accordance with Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	D
NAME	SAUNDERS, MELBURNE A
STREET ADDRESS	5272 HOOF PRINT DRIVE NORTH
CITY, ST, ZIP	JACKSONVILLE FL 32257
TITLE	D
NAME	SAUNDERS, RUTH A
STREET ADDRESS	5272 HOOF PRINT DRIVE NORTH
CITY, ST, ZIP	JACKSONVILLE FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0540, Florida Statutes. I further certify that the information included 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 manager or business representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Scott A. Saunders
RUTH A. SAUNDERS

4/27/95

904 262-7962

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
Division of Corporations

APPROVED
FILED

STAMPED: 12/23/95

DOCUMENT # P94000092757 (1)

1. Corporation Name

KOBIN COAL CORPORATION

Principal Place of Business

Mailing Address

**2126 NW 62ND DRIVE
BOCA RATON FL 33496**

**2126 NW 62ND DRIVE
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

N/A

4. FFI Number

65-0574885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaigns Funding
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 192.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

29

30

ZIP

COUNTRY

CITY

COUNTRY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOBIN, HERBERT
2126 NW 62ND DRIVE
BOCA RATON FL 33496**

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(12) 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 of Registered Agent (Required for Change of Agent)

Signature of New Registered Agent (Required for Addition of Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO REGISTERED INFORMATION

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE
1.1 NAME
1.1 STREET ADDRESS
1.1 CITY, ST, ZIP

**P/T
HERBERT KOBIN
2126 NW 62ND DRIVE
BOCA RATON FL 33496**

☐ Change ☒ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.1 NAME
2.1 STREET ADDRESS
2.1 CITY, ST, ZIP

**V/S
RITA KOBIN
2126 NW 62ND DRIVE
BOCA RATON FL 33496**

☐ Change ☒ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.1 NAME
3.1 STREET ADDRESS
3.1 CITY, ST, ZIP

**V
DANIEL D. NESTER
980 EAST BROAD STREET
HAZLETON PA 18201**

☐ Change ☒ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.1 NAME
4.1 STREET ADDRESS
4.1 CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.1 NAME
5.1 STREET ADDRESS
5.1 CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.1 NAME
6.1 STREET ADDRESS
6.1 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agent 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or addition affidavit with this filing.

SIGNATURE: **HERBERT KOBIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Kobin

4/25/95

407-9950415

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P95000001927 (9)

1. Corporation Name

PENNACHIO AND DOSTER, INC.

ACCEPTED
FILED
MAY 1 1995
TALLAHASSEE, FLORIDA

Principal Place of Business

**215 EAST MAIN ST.
BARTOW FL 33830**

Mailing Address

**215 EAST MAIN ST.
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/30/1994

4. FEI Number

59-3298909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Expenses
Fundraising Contributions ☐

**\$5.00 May Be
Added to Fees**

7. This Corporation has authority for multiple tax under S. 109.030,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Locality

29

Zip

30

9. Name and Address of Current Registered Agent

**BLAKEMAN, WILLIAM S
341 W. DAVIDSON ST.
SUITE 302
BARTOW FL 33830**

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 607.0603 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 607.0603, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Designated Agent or Registered Agent)

Date

12. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY & ZIP

**P
PENNACHIO, FRANK M
5436 CLUB HILL EAST
LAKELAND FL 33813**

13. ADDITIONAL OFFICERS AND DIRECTORS

13.1
NAME
STREET ADDRESS
CITY & ZIP

☐ Change ☐ Addition

12.2
NAME
STREET ADDRESS
CITY & ZIP

13.2
NAME
STREET ADDRESS
CITY & ZIP

☐ Change ☒ Addition
**TS
Dorice William R
3535 Cedarwood Dr
Lakeland FL 33813**

12.3
NAME
STREET ADDRESS
CITY & ZIP

13.3
NAME
STREET ADDRESS
CITY & ZIP

☐ Change ☐ Addition

12.4
NAME
STREET ADDRESS
CITY & ZIP

13.4
NAME
STREET ADDRESS
CITY & ZIP

☐ Change ☐ Addition

12.5
NAME
STREET ADDRESS
CITY & ZIP

13.5
NAME
STREET ADDRESS
CITY & ZIP

☐ Change ☐ Addition

12.6
NAME
STREET ADDRESS
CITY & ZIP

13.6
NAME
STREET ADDRESS
CITY & 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 1.10 (b)(1)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this changed or on an attachment with an address.

SIGNATURE:

FRANK M. Pennachio FRANK M. PENNACHIO

4/25/95

813-533-4178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR