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 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091484 (3)**

1. Corporate Name

TOTAL PAGING, INC.

Principal Place of Business

10664 SOUTH U.S. 1
PORT ST LUCIE FL 34952

Mailing Address

10664 SOUTH U.S. 1
PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**

3a. Date of Last Report: **N/A**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0570219** — Applied For / Not Applicable

State, Apt. # etc.
22

State, Apt. # etc.
27

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

City & State
23

City & State
28

6. Certified Copies Requested ☐ — **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation has liability for intangible tax under § 199.032 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: Michael J. Matakaetis

82 Street Address (P.O. Box Number is Not Acceptable): 10664 South U. S. 1

83

84 City: Port St. Lucie — **FL** — 85 Zip Code: 34952

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] — 5/1/95

(Signature of the President or Vice President of the Corporation) (If Changing Agent, Signature of New Registered Agent Required) (Date mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	President/Direcotr/Treasurer	11 TITLE	☐ Change ☐ Addition
NAME	Michael J. Matakaetis	12 NAME	
STREET ADDRESS	10664 South U. S. 1	13 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34952	14 CITY-ST-ZIP	
TITLE	Director/Vice President/Secretary	21 TITLE	☐ Change ☐ Addition
NAME	Frank Spain	22 NAME	
STREET ADDRESS	10664 South U. S. 1	23 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34952	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 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 hereinabove, or on an attachment with an address.

SIGNATURE: [signature] — 5/1/95 — 407 337 2953

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

0000484 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

FILED
95 MAY 22 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091595 (6)**

1. Corporate Name

NORTH STAR MARINE SERVICES INC.

Principal Place of Business	Mailing Address
RT. 3 BOX 199-D BIG PINE KEY FL 33043	RT. 3 BOX 199-D BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

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

3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0544111** — Applied For / Not Applicable

Suite, Apt. # or P.O. Box — 22 / 27

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

City & State — 23 / 28

6. Certified Copy (Additional Copy Required) ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25 / Zip — 29 — County — 30

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

9. Name and Address of Current Registered Agent

PINE, WILLIAM D
RT. 3, BOX 199-D
BIG PINE KEY FL 33043

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: (Typed or printed name of Registered Agent and, if applicable, the name of the Registered Agent's business) (Date)

12. OFFICERS AND DIRECTORS		13. Add, Change, Delete or Designate Officer/Director	
01 Title	D	11 Title	☐ Change ☐ Addition
02 Name	PINE, WILLIAM D	12 Name	
03 Street Address	RT. 3, BOX 199-D	13 Street Address	
04 City St Zip	BIG PINE KEY FL 33043	14 City St Zip	
05 Title	D	21 Title	☐ Change ☐ Addition
06 Name	PINE, THERESA E	22 Name	
07 Street Address	RT. 3, BOX 199-D	23 Street Address	
08 City St Zip	BIG PINE KEY FL 33043	24 City St Zip	
09 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
11 Street Address		33 Street Address	
12 City St Zip		34 City St Zip	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City St Zip		44 City St Zip	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City St Zip		54 City St Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City St Zip		64 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] **E Pine** 5/16/95 305-872-9031

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

0004003 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE [illegible]

APPROVED AND FILED

95 [illegible] 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000092667 (2)

1. Corporate Name

GMR DAVIS CONSULTING, INC.

Principal Place of Business	Mailing Address
2806 GRAY FOX LN ORLANDO FL 32826	2806 GRAY FOX LN ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994 | 3a. Date of Last Report:

4. FEI Number: 65-0555080 | 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 [illegible] Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21 8730 SHERMAN CIRCLE N	2a. Mailing Address: 26 P.O BOX 348034
Suite, Apt # etc: 22 101	Suite, Apt # etc: 27
City & State: 23 MIRAMAR FLORIDA	City & State: 28 Hollywood, FLORIDA
Zip: 24 33025 · Country: 25 USA	Zip: 29 33084 · Country: 30 USA

9. Name and Address of Current Registered Agent

DAVIS, GARY
2806 GRAY FOX LN
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name: GARY DAVIS
82 Street Address (P.O. Box Number is Not Acceptable): 8730 SHERMAN CIRCLE NORTH
83 SUITE 101
84 City: MIRAMAR FL 85 Zip Code: 33025

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] GARY DAVIS, PRESIDENT — MAY 3, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	DAVIS, GARY	1 NAME	GARY DAVIS
STREET ADDRESS	2806 GRAY FOX LN	1 STREET ADDRESS	8730 SHERMAN CIRCLE NORTH Suite 101
CITY-ST-ZIP	ORLANDO FL 32826	1 CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	D	2 TITLE	[redacted] D ☒ Change ☐ Addition
NAME	DAVIS, ROXANNE	2 NAME	ROXANNE DAVIS
STREET ADDRESS	2806 GRAY FOX LN	2 STREET ADDRESS	[redacted] 8730 Sherman Cir. N Suite 101
CITY-ST-ZIP	ORLANDO FL 32826	2 CITY-ST-ZIP	MIRAMAR, FL 33025
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)(k), 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] GARY DAVIS — May 3, 1995 — (305) 430-1064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002227 FP