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
FILED
95 MAY -1 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13489 (7)

1. Corporation Name
NORWOOD SPECIALTY CLEANING SERVICES, INC.

Principal Place of Business
3367 HICKORYWOOD WAY
TARPON SPRINGS FL 34689

Mailing Address
3367 HICKORYWOOD WAY
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 04/29/1994

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: 59-3041096 ☐ 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

TRASK, THOMAS J.
941 CENTERWOOD DR.
TARPON SPRINGS FL 34689

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	P
NAME	HIGDON, DOREEN, A
STREET ADDRESS	3367 HICKORYWOOD WAY
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	V
NAME	HIGDON, WILLIAM, V
STREET ADDRESS	3367 HICKORYWOOD WAY
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
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 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: William Higdon V.P. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 Date

813-938-5572 Daytime Phone #

0366066 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **S14373** **(2)**

1. Corporate Name

BERNAL PRINTING ARTS, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
317 TAMIAMI TRAIL PUNTA GORDA FL 33950	317 TAMIAMI TRAIL PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **11/26/1990**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business
21: 8159 NW 74 AVE
22: Suite, Apt. # or Bldg.
23: City & State: Medley FL
24: 33166 25: Dade 29: 30:

2a. Mailing Address
26: Same as 2/
27: Suite, Apt. # or Bldg.
28: City & State

4. FEI Number: **65-0238911** — 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. The corporation has been incorporated under s. 607.1502 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOTITZKY, HAL F.
201 WEST MARION AVENUE
SUITE 301
PUNTA GORDA FL 33950

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 607.325, and 607.1508 Florida Statutes, the above named corporation submits the 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 607.325 Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, Etc.
Title	PD	☐ Change ☐ Addition
Name	BERNAL, ANA C	
Address	317 TAMIAMI TRAIL	
City-St-Zip	PUNTA GORDA FL	
Title	T	☐ Change ☐ Addition
Name	BERNAL, PEDRO A. JR.	
Address	317 TAMIAMI TRAIL	
City-St-Zip	PUNTA GORDA FL	
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		

14. I/We certify that the information supplied with this report, including any information required to be supplied by the exempt status as listed in Section 617.1622, Florida Statutes, is true, accurate and complete as of the date of this report. I/We also certify that the information indicated on this report or supplemental report complies with Chapter 607 and Chapter 617, Florida Statutes, and 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 or Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address.

SIGNATURE: Ana C Bernal — 3/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date

0320334 CP

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CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **S14682** **(6)**

1. Corporate Name

OLSON & OLSON, INC.

Principal Place of Business	Mailing Address
4212 WINTHROP ST. SARASOTA FL 34232	4212 WINTHROP ST. SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1990**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0248347**	☐ 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 voted to indemnify its officers, directors, employees and agents as allowed by Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLSON, JASON 4212 WINTHROP ST. SARASOTA FL 34232	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 607.1605, 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

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)
D OLSON, JASON 4212 WINTHROP ST. SARASOTA FL	☐ Change ☐ Addition
D OLSON, CAROLE 4212 WINTHROP ST. SARASOTA FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is complete, accurate and accurately reflects the current information required to be reported by Florida Statutes. 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 my name appears in Block 12 or 13 above, or on an attachment with an address.

SIGNATURE: Jason Olson, President — 3/7/95 — (813)371-6142

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

0340045 CP