

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S33739

(1)

1. Corporation Name

STEVE DAWS CONSTRUCTION, INC.

Principal Place of Business

2129 OLIVA DRIVE RD.
TALLAHASSEE FL 32308

Mailing Address

2119 OLIVA DRIVE ROAD
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3065573

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. 199.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DAWS, SONYA K.
3375-A CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308

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

Signature typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

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

P/D
DAWS, STEVE C.
2129 OLIVA DRIVE
TALLAHASSEE FL
ST/D
DAWS, SONYA K
2129 OLIVA DRIVE
TALLAHASSEE FL
Stephen N. Roberts VP/D
3870 Paddock Dr.
Tallahassee, FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 110.07(3)(k), 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:

Stephen C. Daws, Pres.
STEPHEN C. DAW S

Date

6-13-95

656-7865

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PROFIT
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ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 5 1995

DOCUMENT # S33924 (9)

1. Corporation Name

SAWGRASS LANDSCAPE SERVICES, INC..

Principal Place of Business

2090 S.W. 71ST TERR.
#GB
DAVIE FL 33317

Mailing Address

2090 S.W. 71ST TERR.
#GB
DAVIE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1991

3a. Date of Last Report

03/23/1994

4. FEI Number

59-3051064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election/Qualifying (underlying
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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALAZZOLO, JEROME
2090 S.W. 71ST TERR. GB
DAVIE FL 33317

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION (SEE INSTRUCTIONS) (Change Addition)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PSTD
PALAZZOLO, JEROME
2090 S.W. 71ST TERR. GB
DAVIE FL 33317

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
CROSTA, JAMES
2090 S.W. 71ST TERR. GB
DAVIE FL 33317

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 119.07(3)(k), 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:

Jerome Palazolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Palazolo President 6/10/95 305 425-0440
Date (Signature/Name)

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 15 AM 9:30

DOCUMENT # S34320 (9)

1. Corporation Name

ST. PETE BUFFET INC.

Principal Place of Business
**680 76TH AVE.
ST. PETERSBURG BEACH FL 33706**

Mailing Address
**680 76TH AVE.
ST. PETERSBURG BEACH FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1991** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-3126887** 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 s. 199 (1992 Florida Statutes) ☒ Yes ☐ No

2. Principal Place of Business **243 Central Ave** 2a. Mailing Address **243 Central Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State **St. Petersburg** City & State **St. Petersburg**
Zip **FL 33701** Zip **FL 33701** Pinellas

9. Name and Address of Current Registered Agent

**KALYVAS, BILL
680 76TH AVE.
ST. PETE BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name **Fred Hilberdink**
82 Street Address (P.O. Box Number is Not Acceptable) **4186 Beech Drive SE**
83
84 City **St. Petersburg** FL 85 Zip Code **33705**

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]

F. Hilberdink

6/10/95

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PP
NAME	KALYVAS, BILL
STREET ADDRESS	680 76TH AVE.
CITY, ST, ZIP	ST. PETE BEACH 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

1.1 TITLE	PP	☒ Change ☐ Addition
1.2 NAME	Hilberdink, Fred	
1.3 STREET ADDRESS	4186 Beech Drive SE	
1.4 CITY, ST, ZIP	St. Petersburg, FL 33705	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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SIGNATURE:

[Signature] AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. Hilberdink

10/06/95

(813) 821-6992