

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR 22 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47475** (6)
1. Corporation Name
FLORIDA EXPRESS LUBES, INC.

Principal Place of Business Mailing Address
6900 WISCONSIN AVENUE, STE. 702
BETHESDA MD 20815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1991** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-3081124** 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 (32), Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. # etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

O'NEILL, EDWARD S
1551 HARRIS CIRCLE
WINTER PARK FL 32789

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, Title or (printed name of registered agent and the corporation)

(Print) Registered Agent signifying filing agent has accepted

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 PD MORGAN, DAVID B 17 PRIMROSE STREET CHEVY CHASE MD 20815
2 D MORGAN, NANCY G 17 PRIMROSE STREET CHEVY CHASE MD 20815
3 VSD O'NEILL, EDWARD S 1551 HARRIS CIRCLE WINTER PARK FL 32789
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA CORPORATION DIVISION
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DOCUMENT # **S49102** (4)

1. Corporation Name

POINT VERDE CORPORATION

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3000 E SUNRISE BLVD. #2A FT. LAUDERDALE FL 33304	3000 E SUNRISE BLVD. #2A FT. LAUDERDALE FL 33304

3. Date of Incorporation or Organization 04/29/1991	3a. Date of Last Report 03/03/1994
---	--

2. Principal Place of Business	2a. Mailing Address
21. 900 COLONY POINT CIR	26. 900 COLONY POINT CIRCLE
22. Suite, Apt. #, etc. 2A9	27. Suite, Apt. #, etc. 219
23. City & State PEMBROKE PINES FL	28. City & State PEMBROKE PINES FL
24. Zip 33026	29. Zip 33026
Country BROWARD	Country BROWARD

4. FEI Number 65-0261701	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 § 190.03, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	
LADOLCETTA, MATTHEW J. 3000 E SUNRISE BLVD. #2A FT. LAUDERDALE FL 33304	

10. Name and Address of New Registered Agent ADAMS	
81. Name MATTHEW J. LADOLCETTA	
82. Street Address (P.O. Box Number is Not Acceptable) 900 COLONY POINT CIRCLE APT 219	
83. City PEMBROKE PINES	85. Zip Code FL 33024

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 agent 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 CHANGES TO OFFICERS AND DIRECTORS	
TITLE D	NAME LADOLCETTA, MATTHEW J.	TITLE	NAME
STREET ADDRESS 3000 E SUNRISE BLVD. #2A	CITY, ST, ZIP FT. LAUDERDALE FL	STREET ADDRESS	CITY, ST, ZIP
TITLE D	NAME LADOLCETTA, JOAN GREENE	TITLE	NAME
STREET ADDRESS 3000 E SUNRISE BLVD. #2A	CITY, ST, ZIP FT. LAUDERDALE FL	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation as stated in Sections 190.03, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my corporation shall take the same and offer the same for filing. I am an officer or director of this corporation or the officer or director responsible for causing this report as required by a chapter law. I should not be signed and that the report appears in Block 12 or Block 13 of a changed or corrected filing brought with an affidavit.

SIGNATURE: *Matthew J. Ladolcetta* 3/15/95 205-406-2857

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

1995 MAR 27

DOCUMENT # **S52632**

(4)

1. Corporation Name:

GARDENS PEST CONTROL INC.

Principal Place of Business

891 SPRINGDALE CIRCLE
5043 UPLAND WAY-A
W PALM BCH. FL 33417
PALM SPRINGS 33461

Mailing Address:

777-B FLAGLER DR 891 SPRINGDALE CIRCLE
8TH FL W TOWER PALM SPRINGS FL
W PALM BCH FL 33401
US

(ENTER DATE IN THIS SPACE)

3. Date incorporated or organized 05/13/1991	3b. Date of last report 01/27/1994
4. FEI Number 65-0264438	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 FS 190.010, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2b. Mailing Address

21. **SAME ABOVE**

26. **SAME ABOVE**

State, Apt. #, etc.

State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORRENTE, JOHN
242 WENONAH PLACE
W PALM BCH. FL 33405**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

John Corrente

1-26-95

(Type name, title, and printed name of registered agent and New Registered Agent)

(Type name, title, and printed name of registered agent and New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	CORRENTE, JOHN	1.2 NAME	
STREET ADDRESS	242 WENONAH PL	1.3 STREET ADDRESS	500001439265
CITY, ST, ZIP	W PALM BCH FL	1.4 CITY, ST, ZIP	-03/24/95--01073--012
TITLE		2. TITLE	****200.00 ****200.00
NAME		2.1 NAME	
STREET ADDRESS		2.2 STREET ADDRESS	
CITY, ST, ZIP		2.3 CITY, ST, ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3.1 NAME	
STREET ADDRESS		3.2 STREET ADDRESS	
CITY, ST, ZIP		3.3 CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4.1 NAME	
STREET ADDRESS		4.2 STREET ADDRESS	
CITY, ST, ZIP		4.3 CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5.1 NAME	
STREET ADDRESS		5.2 STREET ADDRESS	
CITY, ST, ZIP		5.3 CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6.1 NAME	
STREET ADDRESS		6.2 STREET ADDRESS	
CITY, ST, ZIP		6.3 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the precursor or predecessor-in-interest of this corporation as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Corrente

1/26/95

407-968-9689