

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN - 1 04 12: 03

**DOCUMENT # S62425 (1)**  
1. Corporation Name  
**ESPLING JEWELERS, INC.**

Principal Place of Business      Mailing Address  
**8825 SAN JOSE BLVD.**      **8825 SAN JOSE BLVD.**  
**#40**      **#40**  
**JACKSONVILLE FL 32257**      **JACKSONVILLE FL 32257**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1991**      3a. Date of Last Report: **06/07/1994**  
4. FEI Number: **59-3071540**      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

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**ESPLING, JOSEPH C**      81 Name  
**8825-40 SAN JOSE BLVD.**      82 Street Address (P.O. Box Number is Not Acceptable)  
**JACKSONVILLE FL 32257**      83  
84 City      85 Zip Code: **FL**

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 filer if applicable) \_\_\_\_\_ (Registered Agent signature required after recording) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>ESPLING, JOSEPH C.</b>	1. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>ESPLING, JOSEPH C.</b>	<b>5232 HOOF PRINT DR., N.</b>	2. NAME:	
STREET ADDRESS: <b>JACKSONVILLE FL</b>		3. STREET ADDRESS:	
CITY, ST, ZIP: <b>32223</b>		4. CITY, ST, ZIP: <b>32223</b>	
TITLE: <b>VD</b>	<b>ESPLING, BEN</b>	5. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>ESPLING, BEN</b>	<b>8036 ARGENTINE DRIVE</b>	6. NAME:	
STREET ADDRESS: <b>JACKSONVILLE FL</b>		7. STREET ADDRESS:	
CITY, ST, ZIP: <b>32217</b>		8. CITY, ST, ZIP: <b>32217</b>	
TITLE: <b>TSD</b>	<b>ESPLING, CARL</b>	9. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>ESPLING, CARL</b>	<b>4848 VICTORIA CHASE CT.</b>	10. NAME:	
STREET ADDRESS: <b>JACKSONVILLE FL</b>		11. STREET ADDRESS:	
CITY, ST, ZIP: <b>32257</b>		12. CITY, ST, ZIP: <b>32257</b>	
TITLE:		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY, ST, ZIP:		16. CITY, ST, ZIP:	
TITLE:		17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY, ST, ZIP:		20. CITY, ST, ZIP:	
TITLE:		21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY, ST, ZIP:		24. 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or quarterly or 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 a 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 affidavit.

SIGNATURE: *Joseph C. Espling*      5/31/95      904-268-7975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

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**DOCUMENT # S62723 (9)**

1. Corporation Name  
**BUZZY B CLEANING COMPANY**

Principal Place of Business: **6308 MIDNIGHT PASS RD. VILLA #1 SARASOTA FL 34242**  
Mailing Address: **6308 MIDNIGHT PASS RD. VILLA #1 SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1991** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0268942** 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

2. Principal Place of Business: 2a. Mailing Address  
21 Suite, Apt. #, etc.: 26 Suite, Apt. #, etc.  
22 City & State: 27 City & State  
23 Zip: 28 Country  
24 Zip: 25 Country: 29 Zip: 30 Country

**9. Name and Address of Current Registered Agent**

**GASEOR, MICHAEL J.  
6308 MIDNIGHT PASS RD.  
VILLA #1  
SARASOTA FL 34242**

**10. Name and Address of New Registered Agent**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City: **FL** B5 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 in printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PO</b>
NAME	<b>GASEOR, MICHAEL J</b>
STREET ADDRESS	<b>6308 MIDNIGHT PASS ROAD, VILLA 1</b>
CITY ST ZIP	<b>SARASOTA FL 34236</b>
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**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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 the 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: *Michael J. Gaseor* **MICHAEL J. GASEOR** 5-31-95 813 387-9954  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

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Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **S63048** (0)

1. Corporation Name  
**EVERGLADES HELICOPTERS, INC.**

Principal Place of Business Mailing Address  
**15720 SOUTHWEST 53RD COURT FORT LAUDERDALE FL 33331** **15720 SOUTHWEST 53RD COURT FORT LAUDERDALE FL 33331**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/26/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0321785** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

City & State City & State  
23 28

Zip Country Zip Country  
24 25 29 30

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

10. Name and Address of New Registered Agent

**MITCHELL, DONALD B.  
15720 SOUTHWEST 53RD COURT  
FORT LAUDERDALE FL 33331**

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 \_\_\_\_\_ (Name of agent or principal name of registered agent and title if applicable) (Name of Registered Agent (signature required when registering) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
NAME **MITCHELL, DONALD B.**  
STREET ADDRESS **15720 .W. 53RD COURT**  
CITY ST ZIP **FORT LAUDERDALE FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

TITLE **D**  
NAME **MITCHELL, LINDA C.**  
STREET ADDRESS **15720 .W. 53RD COURT**  
CITY ST ZIP **FORT LAUDERDALE FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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 110.07(3)(b), 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: *Linda C. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Linda C. Mitchell*

*5/29/95* *305 680-6995*