

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S72274**

(1)

GEORGE'S AIR CONDITIONING AND HEATING, INC.

95 MAY -1 PM 12:47

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Previous Name of Business

Mailing Address

11107 CORLETT RD
RIVERVIEW FL 33569

11107 CORLETT RD
RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/08/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3076502

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. 198.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Office of Corporation

2a. Mailing Address

21 State Apt. # etc.

26 State Apt. # etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCH, GEORGE K. JR.
11107 CORLETT RD
RIVERVIEW FL 33569

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 607.09(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of profits 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 hereby authorized to accept the qualification of Section 607.09(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Secretary of State)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME OFFICE ADDRESS CITY, ST, ZIP	P KOCH, GEORGE 11107 CORLETT RD RIVERVIEW FL
12.2 NAME STREET ADDRESS CITY, ST, ZIP	
12.3 NAME STREET ADDRESS CITY, ST, ZIP	
12.4 NAME STREET ADDRESS CITY, ST, ZIP	
12.5 NAME STREET ADDRESS CITY, ST, ZIP	
12.6 NAME STREET ADDRESS CITY, ST, ZIP	
12.7 NAME STREET ADDRESS CITY, ST, ZIP	

13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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 my address.

SIGNATURE:

George K. Koch Jr.
George K. Koch Jr.

President

4-28-95

(813) 677-6852

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montague
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S72748** (4)

1. Corporation Name

CONTEMPORARY ALTERNATIVES, INC.

DO NOT WRITE IN THIS SPACE

3000 TAMPA AVENUE
TALLAHASSEE, FLORIDA

Principal Place of Business

1355 N.W. 23RD AVE
GAINESVILLE FL 32605
US

Mailing Address

1355 NW 23RD AVENUE
GAINESVILLE FL 32605
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
08/06/1991

3a. Date of Last Report
05/01/1994

4. FFI Number
59-3077433

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State Apt. # etc.

2a. Mailing Address

26 State Apt. # etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PRICE, MARK J.
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940**

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 607.0503 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 is 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 of Agent or authorized officer of corporation)

(Signature of Agent or authorized officer of corporation)

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST. ZIP

**D
PETTIT, MARK S.
3747 NW 55TH PLACE
GAINESVILLE FL**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST. ZIP

**D
PETTIT, LLOYD H.
1155 W. DEAN ROAD
MILWAUKEE WI**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST. ZIP

**D
PETTIT, JANE B.
1155 W. DEAN ROAD
MILWAUKEE WI**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST. ZIP

**D
TIERNEY, JOSEPH E. JR.
660 E. MASON ST.
MILWAUKEE WI**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST. ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST. ZIP

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST. ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST. ZIP

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST. ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is verifiably furnished and that I am not qualified for the corporation stated in Sections 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 the corporation or the incorporator or transferor of the corporation and that my signature shall have the same legal effect as if made under oath. I appear in Block 12 or Block 13 of this document or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 1995 9043778800

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
TAXATION DIVISION
CORPORATE TAX UNIT
TALLAHASSEE, FLORIDA 32311-0001

APPROVED
AND
FILED

08 MAY - 1 10:41

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **S73931**

(5)

SEA BREEZE INVESTMENTS, INC.

Principal Place of Business

175 N.W. FIRST AVE.
11TH FLOOR
MIAMI FL 33128-1835

Mail Address

175 N.W. FIRST AVE.
11TH FLOOR
MIAMI FL 33128-1835

DO NOT WRITE IN THIS SPACE

3. Date of Registration	08/16/1991	3a. Date of Last Report	04/21/1994
4. FIC Number	65-0290095	Applied Fee	Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	
6. Election Campaign Finance and Trust Fund Contribution	☐	\$5.00 May Be Added to Fees	
8. This corporation has liability for attorney's fee under § 199.02, Florida Statutes	☐ Yes ☒ No		

2. Principal Place of Business	2a. Mailing Address
21. 100 SE Second Street	26. 100 SE Second Street
22. Suite Apt # 17	27. Suite Apt # 17
23. City & State	28. City & State
24. MIAMI FL	28. MIAMI FL
25. ZIP Code	29. ZIP Code
25. 33128	29. 33131-1101
30. USA	

9. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.
175 N.W. FIRST AVE.
11TH FLOOR
MIAMI FL 33128

10. Name and Address of New Registered Agent

81. Name	JOHN H. FRIEDHOFF
82. Street Address (P.O. Box Number is Not Acceptable)	100 SE Second Street
83. City	MIAMI
84. State	FL
85. ZIP Code	33128-1101

11. Pursuant to the provisions of sections 199.01 and 199.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent. I, the undersigned, have been authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and agree to submit to the provisions of the Florida Statutes.

SIGNATURE: *[Signature]* JOHN H. FRIEDHOFF 3/15/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION
NAME: DP SPOTTI, J. L. STREET ADDRESS: 175 NW 1 AVE, 11TH FLOOR CITY: MIAMI FL	1. NAME: [] Change [] Addition
NAME: ST SPOTTI, J. L. STREET ADDRESS: 175 NW 1 AVE, 11TH FLOOR CITY: MIAMI FL	2. NAME: [] Change [] Addition
NAME: VP SPOTTI, S. STREET ADDRESS: 175 NW 1 AVE, 11TH FLOOR CITY: MIAMI FL	3. NAME: [] Change [] Addition
NAME: []	4. NAME: [] Change [] Addition
NAME: []	5. NAME: [] Change [] Addition
NAME: []	6. NAME: [] Change [] Addition
NAME: []	7. NAME: [] Change [] Addition
NAME: []	8. NAME: [] Change [] Addition
NAME: []	9. NAME: [] Change [] Addition
NAME: []	10. NAME: [] Change [] Addition
NAME: []	11. NAME: [] Change [] Addition
NAME: []	12. NAME: [] Change [] Addition
NAME: []	13. NAME: [] Change [] Addition
NAME: []	14. NAME: [] Change [] Addition
NAME: []	15. NAME: [] Change [] Addition
NAME: []	16. NAME: [] Change [] Addition
NAME: []	17. NAME: [] Change [] Addition
NAME: []	18. NAME: [] Change [] Addition
NAME: []	19. NAME: [] Change [] Addition
NAME: []	20. NAME: [] Change [] Addition

14. I, the undersigned, certify that the information supplied with this report is complete, correct and true, and I agree to pay the fee for this report. I also certify that my signature shall have the same legal effect as if made under oath. This report is subject to the provisions of the Florida Statutes, and I agree to comply with the provisions of the Florida Statutes, and that my name appears in Block 12 of Block 13 of this report.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95