

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

25 JUN -1 1110:02

DOCUMENT # **S82325** (9)

1. Corporation Name

SMALL BUSINESS SERVICES OF CHARLOTTE COUNTY, INC

Principal Place of Business

**2616 TAMAMI TRAIL
HERITAGE SQUARE - SUITE 3
PORT CHARLOTTE FL 33952**

Mailing Address

**2616 TAMAMI TRAIL
HERITAGE SQUARE - SUITE 3
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1991

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0285524

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**OMERZU, MICHAEL A.
2616 TAMAMI TRAIL
HERITAGE SQUARE - SUITE 3
PORT CHARLOTTE FL 33952**

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 9 approver)

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	OMERZU, MICHAEL A.
STREET ADDRESS	21052 KEARNEY AVE.
CITY, ST, ZIP	PT. CHARLOTTE FL
TITLE	DPT
NAME	OMERZU, TOMMIE W.
STREET ADDRESS	21052 KEARNEY AVE.
CITY, ST, ZIP	PT. CHARLOTTE FL
TITLE	S
NAME	OMERZU, ANTHONY M
STREET ADDRESS	1425 RENEE DR.
CITY, ST, ZIP	DECATUR GA 30030
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
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(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:

Michael A. Omerzu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael A. Omerzu

6/1/95
DATE

813-627-5565
TELEPHONE NO.

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1995****FLORIDA DEPARTMENT OF STATE**
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****DOCUMENT # S82606 (2)**

1. Corporation Name

INTERSTATE BUILDERS, INC.

Principal Place of Business

**1620 MEDICAL LN
SUITE 128
FORT MYERS FL 33907**

Mailing Address

**1620 MEDICAL LN
SUITE 128
FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1991

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0287267

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. 119.032,
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

**NEEL, DENISE
1620 MEDICAL LN
SUITE 128
FORT MYERS FL 33907**

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 or printed name of Registered agent and the 1 applicable:

(P211) Registered Agent signature required when furnishing:

(NAT)

12. OFFICERS AND DIRECTORS

**D
NEEL, DENISE
13300-17 S CLEVELAND AVE
FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-95

Title

904 730-3382

Telephone Number