

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
OFFICE OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V01049** (8)

COMMERCIAL REALTY MANAGEMENT OF S.W. FLORIDA, INC.

Principal Office Location: 2150 GOODLETTE RD STE 700 NAPLES FL 33940 US
Mailing Address: 2150 GOODLETTE RD STE 700 NAPLES FL 33940 US

First Written Filing Date:

3. Date of Incorporation (or Qualification)	3a. Date of Last Report
12/18/1991	04/13/1994
4. FEI Number	Agrees 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 information tax under S. 192.01, Florida Statutes	Yes No

2. Principal Office Location	2b. Mailing Address
21. State of Incorporation	26. State of Incorporation
22. City	27. City
23. County	28. County
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent						
FLUEGEMAN, BRUCE R 2150 GOODLETTE RD STE 700 NAPLES FL 33940	<table border="1"> <tr> <td>B1. Name</td> <td>B5. Zip Code</td> </tr> <tr> <td>B2. Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>B3. City</td> <td></td> </tr> </table>	B1. Name	B5. Zip Code	B2. Street Address (P.O. Box Number is Not Acceptable)	FL	B3. City	
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11. Pursuant to the provisions of Sections 607.05(1) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 from [Name and Address of Registered Agent].

SIGNATURE: [Signature] Date: [Date] Title: [Title]

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS												
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FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norment
Secretary of State
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED

9 MAY 22 1996 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01518

(2)

SIXCESS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 525 BAY ISLES PARKWAY
#4 AVENUE OF THE FLOWERS
LONGBOAT KEY FL 34228
US

Mailing Address: 525 BAY ISLES PARKWAY
#4 AVENUE OF THE FLOWERS
LONGBOAT KEY FL 34228
US

2. Principal Place of Business: 21. State: Apt. # etc. 22. City & State: 23. Country: 24. Zip: 25. Country: 26. Mailing Address: 27. State: Apt. # etc. 28. City & State: 29. Country: 30. Zip: 31. Country:

3. Date Incorporated or Qualified: 12/20/1991 3a. Date of Last Report: 06/27/1994
4. FCI Number: 65-0301601 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

9. Name and Address of Current Registered Agent: KING, CLIFFORD M.
1550 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent: 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE: Margaret Gorelick (Signature) 5/15/95 (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY, ST, ZIP	13.1 NAME	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP
DP	GORELICK, MARGARET I.	1425 GULF OF MEXICO DR LONGBOAT KEY FL			
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY, ST, ZIP	13.1 NAME	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP
DST	GORELICK, LEONARD R.	1425 GULF OF MEXICO DR LONGBOAT KEY FL			
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY, ST, ZIP	13.1 NAME	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY, ST, ZIP	13.1 NAME	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY, ST, ZIP	13.1 NAME	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY, ST, ZIP	13.1 NAME	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY, ST, ZIP	13.1 NAME	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP

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 139.07(3)(b), Florida Statutes. I further certify that the information included 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: Margaret Gorelick (Signature) 5/15/95 (Date)

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

CORPORATION
ANNUAL REPORT
1995



1. THE ACHIEVEMENTS OF THE 19TH CENTURY
The 19th century was a time of great achievement in many fields. In science, the discovery of electricity and the invention of the steam engine were major milestones. In literature, the novel became a popular form of fiction. In art, the Impressionist movement emerged. In politics, the Industrial Revolution transformed society.

DOCUMENT # V01525

(7)

TRI-COUNTY FORKLIFT SERVICE, INC.

4. APPROXIMATE

100-443887-19
WINTER, FLORIDA

1501/1601 NW 22 CT
BAY 114
POMPAHO BCH FL 33064
115

PO BOX 450852
SUNRISE FL 33345
US

1. *Phragmites australis* (Cav.) Trin. ex Steud.

1. Date this report was completed	2a. Date this report was received
12/20/1991	04/18/1994

4. <u>File Number</u>	<u>Applicant's</u>
65-0303302	<u>Next Apprehended</u>

5. Certification of Status (Required)	☐	\$8.75 Additional Fee Required
---------------------------------------	--------------------------	---------------------------------------

6. Tax and Corporate Filings: **\$5.00** May Be
 Added to Fees ☐ **Yes** ☐ **No**

8. This corporation has, had, or anticipates the sale of 10% or
 greater interest in ☐ Yes ☒ No

21 1374 S.E. Huffman Rd.

26 1234 5 1 HUFFMAN Rd.

9. Name and Address of Current Registered Agent

RAMSEY, EARL C., JR.
2420 N. ANDREWS EXTENSION
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81	Name: <u>Ramsley Earl C. Jr.</u>
82	Street Address: (P.O. Box Number is Not Applicable) <u>1374 S.W. HUFFMAN Rd.</u>
83	
84	City: <u>Port St. Lucie</u>
85	State: <u>FL</u>
	Zip Code: <u>34953</u>

11. Prepared for the presentation of testimony, the individual, the Florida Statutes, the above named corporation subjects, the information for the purpose of foregoing is considered either a confidential report or both in the State of Florida for the reasons set forth herein by the corporation's board of directors. Therefore, except the appointment as registered agent, I am hereby authorized and accept the appointment of as the State of Florida Statutes.

ACKNOWLEDGMENTS

^a $\chi^2 = 10.76$, $p < .001$. ^b $\chi^2 = 19.82$, $p < .001$. ^c $\chi^2 = 10.76$, $p < .001$.

Fig. 5. The same as in Fig. 4, but for the case of a constant α .

11

[illegible]

14. The authors hold that the information supplied with the files is seriously flawed and that, not only for the reasons stated in Law No. 191, 1980, but also for other reasons, that the information with the 1980-1981 report is not significantly improved and is, in fact, in a worse state than the information that they supplied with their 1979 report. The authors hold that the report does not take into account the fact that the information with the 1980-1981 report is not significantly improved and is, in fact, in a worse state than the information that they supplied with their 1979 report. The authors hold that the report does not take into account the fact that the information with the 1980-1981 report is not significantly improved and is, in fact, in a worse state than the information that they supplied with their 1979 report.

SIGNATURE: *Earl C Ramsay Jr* EARL C RAMSAY JR 5/15/95 407 337-2165
SIGNATURE AND TYPED NAME OF HEAD OF BUREAU OFFICE OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # V02087

(7)

1. Corporation Name

LAKE SHORE DRIVE, INC.

10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Business
11834 LAKESHORE DRIVE
CLERMONT FL 34711
US

Mailing Address
P.O. BOX 121148
CLERMONT FL 34712-1148

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reorganization)	3a. Date of Last Report
12/24/1991	05/01/1994
4. FET Number	Applied For
59-3098493	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	
8. This corporation has liability for enterprise tax under the 1993/94 Florida Statutes	Yes No

2. Principal Office of Business	2a. Mailing Address
21. 11834 Lakeshore Drive	26. 11834 Lakeshore Drive
22. State Address	27. State Address
23. City & State	28. City & State
23. Clermont FL	28. Clermont FL
24. 34711	29. 34711
25. 34711	30. 34711

9. Name and Address of Current Registered Agent

ROBB, PAMELA M.
501 N MAGNOLIA AVE
SUITE A
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. FL

86. Zip Code

11. Pursuant to the provisions of Sections 607 (5)(2) 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 a natural citizen and accept the obligations of Sections 607 (5)(2) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME DAVIS, ROBERT A 1311 S VINELAND RD WINTER GARDEN FL	1. NAME Change Addition
2. NAME	2. NAME Change Addition
3. NAME	3. NAME Change Addition
4. NAME	4. NAME Change Addition
5. NAME	5. NAME Change Addition
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12. NAME	12. NAME Change Addition
13. NAME	13. NAME Change Addition
14. NAME	14. NAME Change Addition
15. NAME	15. NAME Change Addition
16. NAME	16. NAME Change Addition
17. NAME	17. NAME Change Addition
18. NAME	18. NAME Change Addition
19. NAME	19. NAME Change Addition
20. NAME	20. NAME Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.01(2)(b), Florida Statutes. Further, I certify that the information is based on the annual report or supplemental annual report in form and content 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 of this filing, or on an addendum with an address.

SIGNATURE: *Robert A Davis* 5/14/94 904/394-3964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
AND
FILED

MAY 10 1995

STATE
TREASURER, FLORIDA

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
OFFICE OF THE
TREASURER
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # V02409

(3)

00718, INC.

2730 CENTRAL AVE.
ST. PETERSBURG FL 33712

2730 CENTRAL AVE.
ST. PETERSBURG FL 33712

Do not WRITE in this space

2. Filing Date of Report		2a. Filing Address		3. Date of Incorporation (or Reincorporation)		3a. Date of Last Report	
21		26		12/26/1991		11/18/1994	
22. State of Report		27. State of Report		4. FET Number		Applied For	
22		27		59-3110976		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		☐		☐	
24. Filing Fee		25. Filing Fee		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		25		29		30	
				8. This corporation has authority for intrastate tax under Section 190.03, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNAUST, WARREN J.
2730 CENTRAL AVENUE
ST. PETERSBURG FL 33712

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(1), and 607.15(1)(b), 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 607.05(1)(b), Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	PST LAWSON, CHARLES 2730 CENTRAL AVENUE ST. PETERSBURG FL	13.1	☐ Change ☐ Addition
12.2	AS KNAUST, WARREN J 2730 CENTRAL AVENUE ST. PETERSBURG FL	13.2	☐ Change ☐ Addition
12.3		13.3	☐ Change ☐ Addition
12.4		13.4	☐ Change ☐ Addition
12.5		13.5	☐ Change ☐ Addition
12.6		13.6	☐ Change ☐ Addition
12.7		13.7	☐ Change ☐ Addition
12.8		13.8	☐ Change ☐ Addition
12.9		13.9	☐ Change ☐ Addition
12.10		13.10	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.05(1)(b), Florida Statutes. I further certify that the information included in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am aware of the consequences of this report or failure to comply with the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of the report as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES LAWSON

May 1/95

813-327-3073

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0001

25 MAY 22 1996 15

DOCUMENT # V03822

(6)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SANFORD PLAZA CORPORATION

Principal Place of Business: **4802 DISTRIBUTION CT
7
ORLANDO FL 32822
US**
Mailing Address: **4802 DISTRIBUTION CT
7
ORLANDO FL 32822
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
3a. Mailing Address: **26**
3b. Date of Last Report: **05/01/1994**
4. FET Number: **59-3201742**
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for unemployment tax under § 125.002, Florida Statutes: ☐ Yes ☐ No

3. Date the corporation was organized: **12/30/1991**
3a. Date of Last Report: **05/01/1994**
4. FET Number: **59-3201742**
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for unemployment tax under § 125.002, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent: **CANTY, WILLIAM A.
4802 DISTRIBUTION CT
7
ORLANDO FL 32822**

10. Name and Address of New Registered Agent:
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 (b)(2) 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 (b)(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:
1. NAME: **PD CANTY, WILLIAM A.**
2. STREET ADDRESS: **4718 SOUTH ORANGE AVE**
3. CITY, STATE, ZIP: **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
1. NAME: **PD CANTY, William A.**
2. STREET ADDRESS: **4802 Distribution Court, Suite 7**
3. CITY, STATE, ZIP: **Orlando, FL 32822**

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 135.001, Florida Statutes. I further certify that the information was filed on the annual report or supplemental annual report, true and accurate and that my corporation shall have this information published as if made under oath. That I am an officer or director of the corporation or the officer or director responsible for filing this report as required by Chapter 205, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.A. CANTY

5-14915 401-380-9070

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **VO4230**

(1)

1. Corporate Name

ATLANTIC CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**315 NORTHEAST THIRD AVENUE
SUITE 200
FORT LAUDERDALE FL 33301**

**315 NORTHEAST THIRD AVENUE
SUITE 200
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/06/1992

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0303401

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 Section 193.034,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, WALTER L.
315 NORTHEAST THIRD AVENUE
SUITE 200
FORT LAUDERDALE FL 33301**

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 193.031, 193.032, and 193.033, Florida Statutes, this above-named corporation submits this statement for the purpose of changing its registered office to a registered agent in both 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 a resident of the State of Florida.

Signature

Walter L. Morgan

12. OFFICERS AND DIRECTORS

1. NAME	D
2. NAME	MORGAN, WALTER L.
3. NAME	315 N.E. THIRD AVE. 200
4. NAME	FORT LAUDERDALE FL
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98. NAME	
99. NAME	
100. NAME	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1. NAME		☐ Change ☐ Addition
2. NAME		☐ Change ☐ Addition
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98. NAME		☐ Change ☐ Addition
99. NAME		☐ Change ☐ Addition
100. NAME		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption provided in Section 193.031(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature and name on this same legal office filing made as for each that I am an officer or director of the corporation or the record of frozen incorporated to receive 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:

Walter L. Morgan, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 30/324311
Date

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

MAY 22 1996 15

COUNTY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **VO4744** (1)
OSSI & BUTLER, P.A.

Principal Place of Business: 1506 PRUDENTIAL DR JACKSONVILLE FL 32207
Mailing Address: 1506 PRUDENTIAL DR JACKSONVILLE FL 32207
7000 ATLANTIC BLVD JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date of Report or Calendar	3a. Date of Last Report
21. State	26. State	01/03/1992	05/01/1994
22. City & State	27. City & State	4. FID Number	Applied For
23. City & State	28. City & State	59-3099447	Not Applicable
24. City & State	29. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. City & State	30. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. City & State	31. City & State	7. This Corporation has equity for information for under 50 employees	Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSSI, MICHAEL A. 1506 PRUDENTIAL DR JACKSONVILLE FL 32207	81. Name 82. Street Address, P.O. Box Number or Not Applicable 83. 84. City, State, Zip Code FL

11. Pursuant to the provisions of Sections 601.02(2)(a) and 601.02(2)(b), 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 I accept the obligation of, Section 601.02(2)(a), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME: D OSSI, MICHAEL A. 1506 PRUDENTIAL DR JACKSONVILLE FL	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. FID NUMBER 5. CERTIFICATE OF STATUS DESIRED 6. ELECTION CAMPAIGN FINANCING TRUST FUND CONTRIBUTION 7. THIS CORPORATION HAS EQUITY FOR INFORMATION FOR UNDER 50 EMPLOYEES 8. FLORIDA STATUTES ☒ YES ☐ NO
NAME: D BUTLER, HOWARD G. 1506 PRUDENTIAL DR JACKSONVILLE FL	9. NAME 10. STREET ADDRESS 11. CITY & STATE 12. FID NUMBER 13. CERTIFICATE OF STATUS DESIRED 14. ELECTION CAMPAIGN FINANCING TRUST FUND CONTRIBUTION 15. THIS CORPORATION HAS EQUITY FOR INFORMATION FOR UNDER 50 EMPLOYEES 16. FLORIDA STATUTES ☒ YES ☐ NO
NAME: _____ 1. STREET ADDRESS 2. CITY & STATE 3. FID NUMBER 4. CERTIFICATE OF STATUS DESIRED 5. ELECTION CAMPAIGN FINANCING TRUST FUND CONTRIBUTION 6. THIS CORPORATION HAS EQUITY FOR INFORMATION FOR UNDER 50 EMPLOYEES 7. FLORIDA STATUTES ☐ YES ☐ NO	8. Change ☐ Addition ☐
NAME: _____ 1. STREET ADDRESS 2. CITY & STATE 3. FID NUMBER 4. CERTIFICATE OF STATUS DESIRED 5. ELECTION CAMPAIGN FINANCING TRUST FUND CONTRIBUTION 6. THIS CORPORATION HAS EQUITY FOR INFORMATION FOR UNDER 50 EMPLOYEES 7. FLORIDA STATUTES ☐ YES ☐ NO	8. Change ☐ Addition ☐
NAME: _____ 1. STREET ADDRESS 2. CITY & STATE 3. FID NUMBER 4. CERTIFICATE OF STATUS DESIRED 5. ELECTION CAMPAIGN FINANCING TRUST FUND CONTRIBUTION 6. THIS CORPORATION HAS EQUITY FOR INFORMATION FOR UNDER 50 EMPLOYEES 7. FLORIDA STATUTES ☐ YES ☐ NO	8. Change ☐ Addition ☐
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NAME: _____ 1. STREET ADDRESS 2. CITY & STATE 3. FID NUMBER 4. CERTIFICATE OF STATUS DESIRED 5. ELECTION CAMPAIGN FINANCING TRUST FUND CONTRIBUTION 6. THIS CORPORATION HAS EQUITY FOR INFORMATION FOR UNDER 50 EMPLOYEES 7. FLORIDA STATUTES ☐ YES ☐ NO	8. Change ☐ Addition ☐
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in this form. I have read the Florida Statutes and I further certify that the information supplied 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 this corporation or the secretary of this corporation to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 1, or Block 2, of this report as an officer, director, or secretary.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
AND
FILED

50 MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **V04947** (0)
1. Corporation Name:
ADLI ENTERPRISES, INC.

Principal Place of Business: **P.O. BOX 372266
SATELLITE BEACH FL 32937**
Mailing Address: **P.O. BOX 372266
SATELLITE BEACH FL 32937
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1992	3a. Date of Last Report 08/08/1994
21		26		4. FEI Number 59-3101743	Applied For ☐ Not Applicable ☐
22. State Apt. # etc.		27. State Apt. # etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. ZIP	25. Country	29. ZIP	30. Country	8. This corporation has liability for intangible tax under S. 198.002, Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLEN, WAYNE L 700 N WICKHAM RD SUITE 203 MELBOURNE FL 32935				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, 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 607.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME	D ADLI, FEREDDOON P.O. BOX 372266 NA SATELLITE BEACH FL	13a. NAME	☐ Change ☐ Addition
12b. STREET ADDRESS		13b. STREET ADDRESS	☐ Change ☐ Addition
12c. CITY		13c. CITY	☐ Change ☐ Addition
12d. NAME		13d. NAME	☐ Change ☐ Addition
12e. STREET ADDRESS		13e. STREET ADDRESS	☐ Change ☐ Addition
12f. CITY		13f. CITY	☐ Change ☐ Addition
12g. NAME		13g. NAME	☐ Change ☐ Addition
12h. STREET ADDRESS		13h. STREET ADDRESS	☐ Change ☐ Addition
12i. CITY		13i. CITY	☐ Change ☐ Addition
12j. NAME		13j. NAME	☐ Change ☐ Addition
12k. STREET ADDRESS		13k. STREET ADDRESS	☐ Change ☐ Addition
12l. CITY		13l. CITY	☐ 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 198.002, 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. 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fereddoon Adli

5-16-95 (407) 777-7727

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

**APPROVED
AND
FILED**

05 MAY 1995 10:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # V05305

(0)

1. Corporation Name

LINCOLN CITRUS, INC.

2. Principal Place of Business

**221 EAST CENTRAL AVENUE
LAKE WALES FL 33853**

2a. Mailing Address

**221 EAST CENTRAL AVENUE
LAKE WALES FL 33853**

DO NOT WRITE IN THIS SPACE

3. Date first incorporated or qualified

01/09/1992

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FET Number

59-3109487

Applied For

☐ Not Applicable

State, Apt. # etc.

22

State, Apt. # etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under S. 194.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLETCHER, JOHN J.
221 EAST CENTRAL AVENUE
LAKE WALES FL 33853**

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 607.01(6) 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 607.01(6), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

Date

12. OFFICERS AND DIRECTORS

12a. NAME	D
12b. STREET ADDRESS	WALKER, MICHAEL J.
12c. CITY & STATE	5409 DEER RUN DRIVE FORT PIERCE FL
12d. NAME	D
12e. STREET ADDRESS	FLETCHER, JOHN J.
12f. CITY & STATE	1033 SUNSET DRIVE LAKE WALES FL
12g. NAME	D
12h. STREET ADDRESS	WALKER, JOSEPH L.
12i. CITY & STATE	3660 MT PISGAH ROAD FORT MEADE FL
12j. NAME	
12k. STREET ADDRESS	
12l. CITY & STATE	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY & STATE	
12p. NAME	
12q. STREET ADDRESS	
12r. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME	☐ Change ☐ Addition
13b. STREET ADDRESS	
13c. CITY & STATE	
13d. NAME	☐ Change ☐ Addition
13e. STREET ADDRESS	
13f. CITY & STATE	
13g. NAME	☐ Change ☐ Addition
13h. STREET ADDRESS	
13i. CITY & STATE	
13j. NAME	☐ Change ☐ Addition
13k. STREET ADDRESS	
13l. CITY & STATE	
13m. NAME	☐ Change ☐ Addition
13n. STREET ADDRESS	
13o. CITY & STATE	
13p. NAME	☐ Change ☐ Addition
13q. STREET ADDRESS	
13r. CITY & STATE	

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 194.032(1)(b), Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report in 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 appointed to receive this report as required by Chapter 402, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an addition with an address.

SIGNATURE:

John J. Fletcher

JOHN J. FLETCHER D. 5/16/95

813 676 1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR