FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03030 (6)

1. Corporate Name
SHIELDS MECHANICAL, INCORPORATED

Principal Place of Business
P.O. BOX 760
DURANT FL 33530

Mailing Address
P.O. BOX 760
DURANT FL 33530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1992**

3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **59-3098457** ☐ Applied For ☐ Not Applicable

Suite Apt. # etc. (22) / Suite 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

Zip (24) / Country (25) / Zip (29) / Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHIELDS, RONALD L.
6445 DURANT RD
DURANT FL 33530

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 607.0407 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 (If changing Registered Agent, this must be signed by the new Registered Agent.) (If Registered Agent is a corporation, this must be signed by an officer.) Date

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHIELDS, RONALD L.
STREET ADDRESS	6445 DURANT RD
CITY-ST-ZIP	DURANT FL
TITLE	S
NAME	WELLS, ARTHUR FRANCIS
STREET ADDRESS	212 SOMERSET
CITY-ST-ZIP	BEDFORD TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

71 TITLE		☐ Change ☐ Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
75 TITLE		☐ Change ☐ Addition
76 NAME		
77 STREET ADDRESS		
78 CITY-ST-ZIP		
79 TITLE		☐ Change ☐ Addition
80 NAME		
81 STREET ADDRESS		
82 CITY-ST-ZIP		
83 TITLE		☐ Change ☐ Addition
84 NAME		
85 STREET ADDRESS		
86 CITY-ST-ZIP		
87 TITLE		☐ Change ☐ Addition
88 NAME		
89 STREET ADDRESS		
90 CITY-ST-ZIP		
91 TITLE		☐ Change ☐ Addition
92 NAME		
93 STREET ADDRESS		
94 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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] RONALD L. SHIELDS 5/4/95 (813) 737-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0440764 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # V03388 (8)

CREATIVE PRINTING, INC.

APPROVED AND FILED

5 MAY 12 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

39346 U.S. 19 N
TARPON SPRINGS FL 34689

39346 U.S. 19 N.
TARPON SPRINGS FL 34689

3. Date of Incorporation or Qualification: 12/30/1991

3a. Date of Last Report: 04/26/1994

4. FEI Number: 59-3099337 — 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 subsidiaries to be reported (see Section 607.1908 Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NITZ, DAVID
39346 US 19 N
TARPON SPRINGS FL 34689

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 607.1403 and 607.1406 Florida Statutes, the above named corporation submits the 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 of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Box 1)
D NITZ, DAVID 39346 US 19 N. TARPON SPRINGS FL	☐ Change ☐ Addition
D NITZ, LYNN 39346 US 19 N. TARPON SPRINGS FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: A majority of the directors of the corporation authorized to exercise corporate powers elected or named by the incorporators have been elected, and each director has consented to serve as director. 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 above, or on an attachment with an address.

SIGNATURE: DAVID NITZ 5/12/95 873 842 3383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0348079 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # V03514 (9)

JO JO'S LA PIZZERIA, INC.

APPROVED

1130 PINELLAS BAYWAY
TIERRA VERDE FL 33715

1130 PINELLAS BAYWAY
TIERRA VERDE FL 33715

3. Date Business Started in Florida: 01/01/1992

3a. Date of Last Report: 04/25/1994

21 8 - 4TH STREET N

22

23 ST. PETERSBURG, FL

24 33701 25

26 8 - 4TH STREET N

27

28 ST. PETERSBURG, FL.

29 33701 30

4. FEI Number: 59-3100818

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. The corporation has liability for intangible tax under Ch. 199.032, Florida Statutes: X Yes No

9. Name and Address of Current Registered Agent

RADOSTI, ANTONIO
1130 PINELLAS BAYWAY
TIERRA VERDE FL 33715

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 section 607.0505, Florida Statutes, the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and the jurisdiction of the corporation before the change is as stated above. I hereby certify that the corporation has authorized the execution of this statement. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

12. Officer/Director Name(s) & Address(es)

PTD
RADOSTI, JOSEPH
1130 PINELLAS BAYWAY
TIERRA VERDE FL

VSD
RADOSTI, ANTONIO
6372 PALMA DEL MAR
ST. PETERSBURG FL

13. Additional Officer/Director Name(s) & Address(es)

Change Add/Del

Change Add/Del

Change Add/Del

Change Add/Del

Change Add/Del

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations, the name and address of the registered agent and each director must be included. For nonprofit corporations, the name and address of the registered agent and each officer must be included. Each name and address must be typed or printed. I am familiar with and hereby submit this document for filing with the Department of State. I understand that the annual report must be delivered to the Department of State even if this report is not received. I am familiar with and hereby submit this document for filing with the Department of State. I understand that the annual report must be delivered to the Department of State even if this report is not received.

SIGNATURE: Joseph A Radosti PRE. 05-04-1995 (813)898-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0311MA CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **V03787** (1)

1. Corporate Name

DIVERSIFIED JANITORIAL SERVICES, INC.

APPROVED

95 MAY 11 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
4819 E. BUSCH BLVD SUITE 206 #4 TAMPA FL 33617 US	4819 E. BUSCH BLVD SUITE 206 #4 TAMPA FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 08/09/1994

4. FEI Number: 59-3096308 ☐ Applied For ☐ Not Applicable

2. Principal Office Address — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 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
BALL, ALPHONSO JR. 1525 DOBY CIRCLE TAMPA FL 33612	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	BALL, ALPHONSO JR	1 NAME	
STREET ADDRESS	1525 DOBY CIR.	1 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1 CITY-ST-ZIP	
TITLE	DST	2 TITLE	☒ Change ☐ Addition
NAME	YOUNG, E OPHELIA	2 NAME	E.OPHELIA BALL
STREET ADDRESS	1525 DOBY CIR	2 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(i), 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: Alphonso Ball / Alphonso Ball JR. 5/8/95 (813) 985-7377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0297894 CP