

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Mastrom
Secretary, Florida
1000 North West 1st Street, 12th Floor
Tallahassee, Florida 32304-0001

**APPROVED
AND
FILED**

DOCUMENT # V13704

(4)

95 MAY 10 AM 10:35

BENTEC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2. Mailing Address		3. Certificate of Incorporation or Charter		3a. Date of Last Report	
18543 AVOCET DRIVE LUTZ FL 33549		18543 AVOCET DRIVE LUTZ FL 33549		02/10/1992		05/01/1994	
2. Principal Office Address		2a. Mailing Address		4. FIC Number		Applied for	
21		26		59-3108826		Not Applicable	
22		27		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MASIN, BENNETT S. 18542 AVOCET DRIVE LUTZ FL 33549				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			
11. I, the undersigned, the president of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as regulated in part in part 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 provisions of Sections 607, 608, Florida Statutes.							
SIGNATURE							
12. OFFICERS AND DIRECTORS							
NAME	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
STREET ADDRESS	MASIN, BENNETT S	14. NAME					
CITY, STATE, ZIP	18593 AVOCET DR. LUTZ FL	15. STREET ADDRESS					
NAME	S	16. CITY, STATE, ZIP					
STREET ADDRESS	MASIN, MELISSA R	17. NAME					
CITY, STATE, ZIP	18593 AVOCET DR. LUTZ FL	18. STREET ADDRESS					
NAME		19. CITY, STATE, ZIP					
STREET ADDRESS		20. NAME					
CITY, STATE, ZIP		21. STREET ADDRESS					
NAME		22. CITY, STATE, ZIP					
STREET ADDRESS		23. NAME					
CITY, STATE, ZIP		24. STREET ADDRESS					
NAME		25. CITY, STATE, ZIP					
STREET ADDRESS		26. NAME					
CITY, STATE, ZIP		27. STREET ADDRESS					
NAME		28. CITY, STATE, ZIP					
STREET ADDRESS		29. NAME					
CITY, STATE, ZIP		30. STREET ADDRESS					
NAME		31. CITY, STATE, ZIP					
STREET ADDRESS		32. NAME					
CITY, STATE, ZIP		33. STREET ADDRESS					
NAME		34. CITY, STATE, ZIP					
STREET ADDRESS		35. NAME					
CITY, STATE, ZIP		36. STREET ADDRESS					
NAME		37. CITY, STATE, ZIP					
STREET ADDRESS		38. NAME					
CITY, STATE, ZIP		39. STREET ADDRESS					
NAME		40. CITY, STATE, ZIP					
STREET ADDRESS		41. NAME					
CITY, STATE, ZIP		42. STREET ADDRESS					
NAME		43. CITY, STATE, ZIP					
STREET ADDRESS		44. NAME					
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NAME		46. CITY, STATE, ZIP					
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CITY, STATE, ZIP		51. STREET ADDRESS					
NAME		52. CITY, STATE, ZIP					
STREET ADDRESS		53. NAME					
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NAME		58. CITY, STATE, ZIP					
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CITY, STATE, ZIP		60. STREET ADDRESS					
NAME		61. CITY, STATE, ZIP					
STREET ADDRESS		62. NAME					
CITY, STATE, ZIP		63. STREET ADDRESS					
NAME		64. CITY, STATE, ZIP					
STREET ADDRESS		65. NAME					
CITY, STATE, ZIP		66. STREET ADDRESS					
NAME		67. CITY, STATE, ZIP					
STREET ADDRESS		68. NAME					
CITY, STATE, ZIP		69. STREET ADDRESS					
NAME		70. CITY, STATE, ZIP					
STREET ADDRESS		71. NAME					
CITY, STATE, ZIP		72. STREET ADDRESS					
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STREET ADDRESS		74. NAME					
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NAME		76. CITY, STATE, ZIP					
STREET ADDRESS		77. NAME					
CITY, STATE, ZIP		78. STREET ADDRESS					
NAME		79. CITY, STATE, ZIP					
STREET ADDRESS		80. NAME					
CITY, STATE, ZIP		81. STREET ADDRESS					
NAME		82. CITY, STATE, ZIP					
STREET ADDRESS		83. NAME					
CITY, STATE, ZIP		84. STREET ADDRESS					
NAME		85. CITY, STATE, ZIP					
STREET ADDRESS		86. NAME					
CITY, STATE, ZIP		87. STREET ADDRESS					
NAME		88. CITY, STATE, ZIP					
STREET ADDRESS		89. NAME					
CITY, STATE, ZIP		90. STREET ADDRESS					
NAME		91. CITY, STATE, ZIP					
STREET ADDRESS		92. NAME					
CITY, STATE, ZIP		93. STREET ADDRESS					
NAME		94. CITY, STATE, ZIP					
STREET ADDRESS		95. NAME					
CITY, STATE, ZIP		96. STREET ADDRESS					
NAME		97. CITY, STATE, ZIP					
STREET ADDRESS		98. NAME					
CITY, STATE, ZIP		99. STREET ADDRESS					
NAME		100. CITY, STATE, ZIP					

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Masin

5/4/95

(813) 965-7860

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. WATKINS
Secretary of State
1995

DOCUMENT # V15966

(7)

MOVERS & SHAKERS, INC.

APPROVED
91 MAY 11 1995
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

5358 SPRING HILL DRIVE
SPRING HILL FL 34606

5358 SPRING HILL DRIVE
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date of expiration of registration	3a. Date of next report
02/24/1992	05/01/1994
4. FET Number	Applicant Fee
59-3108646	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 19-103, Florida Statutes	☐ Yes ☒ No

2. Principal Office Address	26. Mailing Address
21. State	26. State
22. City	27. City
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARNOCK, WILLIAM T., III 5358 SPRING HILL DRIVE SPRING HILL FL 34606	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(1)(a) 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 in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am authorized to accept the appointment of Section 607.01(1)(a), Florida Statutes.

SIGNATURE: *[Signature]* 4/27/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME D MCCLURE, JOHN M. 10350 FULTON AVENUE BROOKSVILLE FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

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 19-103, 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 a signature under oath. That I am an officer or director of the corporation or the person or persons empowered to make the filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* President John McClure 5/5/95 904-597-1560