

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25831

(1)

1. Corporation Name

A-PLUS LAWN & EQUIPMENT, INC.

2. Principal Office Address
1205 SW 41 AVE
FT LAUDERDALE FL 33317

2a. Mailing Address
1205 SW 41 AVE
FT LAUDERDALE FL 33317

(DO NOT WRITE IN THIS SPACE)

3. Effective date of report 03/31/1992 3a. Date of last report 01/20/1994

4. FET Number 65-0324463 Applied For Not Applicable

5. Certificate of Status Defunct ☐ \$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 1961 (35) Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INCH, ROBERT G.
1205 SW 41 AVE
FT LAUDERDALE FL 33317

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. I, the undersigned, being a member of Sections 607 (1)(b) and 607 (1)(b) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office and registered agent in 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 aware of the duties and the obligations of Section 607 (1)(b) Florida Statutes.

Signature

Signature of the person who is authorized to sign the report on behalf of the corporation. If the corporation is a partnership, the report must be signed by a partner or a person authorized to sign the report on behalf of the partnership.

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME LYNCH, HAROLD O. 1931 NW 90 AVE PEMBROKE PINES FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition
NAME MADON, RANDY 311 S 64 AVE MARGATE FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition
NAME	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition
NAME	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition
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NAME	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition
NAME	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition
NAME	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and apply for the remedy then stated in Section 607 (2)(a) 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. I am authorized on behalf of the corporation of the person or persons who prepared to execute this report as required by Chapter 607 Florida Statutes and that my name appears on Block 1, or Block 13a (if requested), of any and all previous and any other

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF THE PERSON WHO SIGN (FOR INDICATION)

5/9/95

Signature of the person

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jocelyn B. Matheson
Secretary of State
Continuity of Corporate Filings

DOCUMENT # V26961

(5)

1. Corporation Name

MICHAEL R. ROMM, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date for Corporation's Quarters	3b. Date of Last Report
2189 SE 9TH STREET POMPANO BEACH FL 33062		2189 SE 9TH STREET POMPANO BEACH FL 33062		04/07/1992	01/31/1994
2. Principal Place of Business		2a. Mailing Address		4. FID Number	Applied For / Not Applicable
21		26		65-0323250	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing / Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23. City & State		28. City & State		6. This corporation has liability for attorney's fee under Fla. Stat. ☒ Yes ☐ No	
23		28			
24	25	29	30		

9. Name and Address of Current Registered Agent

ROMM, MICHAEL R.
2189 SE 9TH STREET
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number, Not Applicable)	
B3.	
B4. City	FL

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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	D ROMM, MICHAEL R. 2189 SE 9TH ST POMPANO BEACH FL	1. NAME	☐ Change ☐ Addition
NAME		1. STREET ADDRESS	
STREET ADDRESS		1. CITY & STATE	
CITY & STATE		2. NAME	☐ Change ☐ Addition
NAME		2. STREET ADDRESS	
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NAME		100. STREET ADDRESS	
STREET ADDRESS		100. CITY & STATE	

SIGNATURE:

Michael Romm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. McHugh
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **V27374**

(0)

1. Corporation Name

CRIBB ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3064 GULF BREEZE PKWY
GULF BREEZE FL 32561
US**

Mailng Address

**3064 GULF BREEZE PKWY
GULF BREEZE FL 32561
US**

DO NOT WRITE IN THIS SPACE

3. Date of Corporation of Qualified

04/06/1992

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21 3040 Gulf Breeze Pkwy

2a. Mailing Address

26 3040 Gulf Breeze Pkwy

4. FFI Number

65-0246021

Applied For

Not Applicable

State Apt # etc

State Apt # etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Gulf Breeze, FL 32561

City & State

28 Gulf Breeze, FL 32561

6. Election Campaign Financing

Trust Fund Contribution

☐

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

Zip

24 32561

County

25 Santa Rosa

Zip

29 32561

County

30 Santa Rosa

8. The corporation has liability for intangible tax under S. 191(1)(c) Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**PITTMAN, MARVIN E.
1900 HWY 87 STE 1
NAVARRE FL 32566**

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 607.05(4), and 607.15(6), 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 607.05(4) and 607.15(6), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent or Attorney

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: **VD**
NAME: **CRIBB, RICHARD A.**
STREET ADDRESS: **1056 CIRCLE LANE**
CITY: **GULF BREEZE FL**

NAME: **PD**
NAME: **CRIBB, TERESA K.**
STREET ADDRESS: **1056 CIRCLE LANE**
CITY: **GULF BREEZE FL**

1. NAME: ☐ Change ☐ Add

2. NAME: ☐ Change ☐ Add

3. NAME: ☐ Change ☐ Add

4. NAME: ☐ Change ☐ Add

5. NAME: ☐ Change ☐ Add

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7. NAME: ☐ Change ☐ Add

8. NAME: ☐ Change ☐ Add

9. NAME: ☐ Change ☐ Add

10. NAME: ☐ Change ☐ Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b) Florida Statutes. I further certify that the information was obtained from the annual report or supplementary annual report as true and accurate and that my corporation 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes on an affidavit with an address.

SIGNATURE:

Teresa K. Cribb
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Teresa K. Cribb President

5/19/95 904-932-7953