

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Charles B. Mortimer
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41391** (6)

1. Corporation Name

VILLAGE WINE & CHEESE STORE, INC.

Principal Place of Business

**1035 PARK STREET
JACKSONVILLE FL 32204**

Mailing Address

**1035 PARK STREET
JACKSONVILLE FL 32204**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
06/02/1992

3a. Date of Last Report
01/28/1994

2. Principal Place of Business

21 State: Apt. # etc.

2a. Mailing Address

26 State: Apt. # etc.

4. FEI Number

59-3133800

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

7. This corporation has liability for information law under Chapter 105, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KINCAID, KELLY A
1035 PARK STREET
JACKSONVILLE FL 32204**

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(2) and 607.1509, 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 607.1509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

NAME

**PD
KINCAID, DONALD V
1035 PARK STREET
JACKSONVILLE FL 32204**

NAME

**V
KINCAID, MAUREEN E
1035 PARK STREET
JACKSONVILLE FL 32204**

NAME

**S
KINCAID, KELLY A
1035 PARK STREET
JACKSONVILLE FL 32204**

NAME

**T
JACKSON, KRISTEN
1035 PARK STREET
JACKSONVILLE FL 32204**

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Section 135.02(3)(b), Florida Statutes. I further certify that this information was entered on the annual report or supplemental annual report as 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 the corporation or the receiver or liquidator empowered to receive the report as required by Chapter 102, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or on an attachment with the report.

SIGNATURE:

Kelly A Voytecek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly A Voytecek 5-9-95 904356
4517

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

92 MAY 17 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41581** (2)

1. Corporation Name

CARIBBEAN CUSTOM CANVAS, INC.

Principal Place of Business

**1951 N.E. 31ST STREET
LIGHTHOUSE POINT FL 33064**

Mailing Address

**1951 N.E. 31ST STREET
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

06/05/1992

3a. Date of Last Report

04/22/1994

4. FFI Number

65-0340190

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 had its fee certificate for 1995-1996
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. Suite Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**LOWE, RICK ALDEN
10630 WILES RD
LIGHTHOUSE POINT FL 33064**

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 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 hereby willing and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, STATE, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, STATE, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, STATE, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, STATE, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY, STATE, ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY, STATE, ZIP

36. TITLE

37. NAME

38. STREET ADDRESS

39. CITY, STATE, ZIP

40. TITLE

41. NAME

42. STREET ADDRESS

43. CITY, STATE, ZIP

44. TITLE

45. NAME

46. STREET ADDRESS

47. CITY, STATE, ZIP

48. TITLE

49. NAME

50. STREET ADDRESS

51. CITY, STATE, ZIP

52. TITLE

53. NAME

54. STREET ADDRESS

55. CITY, STATE, ZIP

56. TITLE

57. NAME

58. STREET ADDRESS

59. CITY, STATE, ZIP

60. TITLE

61. NAME

62. STREET ADDRESS

63. CITY, STATE, ZIP

64. TITLE

65. NAME

66. STREET ADDRESS

67. CITY, STATE, ZIP

68. TITLE

69. NAME

70. STREET ADDRESS

71. CITY, STATE, ZIP

72. TITLE

73. NAME

74. STREET ADDRESS

75. CITY, STATE, ZIP

76. TITLE

77. NAME

78. STREET ADDRESS

79. CITY, STATE, ZIP

80. TITLE

81. NAME

82. STREET ADDRESS

83. CITY, STATE, ZIP

84. TITLE

85. NAME

86. STREET ADDRESS

87. CITY, STATE, ZIP

88. TITLE

89. NAME

90. STREET ADDRESS

91. CITY, STATE, ZIP

92. TITLE

93. NAME

94. STREET ADDRESS

95. CITY, STATE, ZIP

96. TITLE

97. NAME

98. STREET ADDRESS

99. CITY, STATE, ZIP

100. TITLE

101. NAME

102. STREET ADDRESS

103. CITY, STATE, ZIP

104. TITLE

105. NAME

106. STREET ADDRESS

107. CITY, STATE, ZIP

108. TITLE

109. NAME

110. STREET ADDRESS

111. CITY, STATE, ZIP

112. TITLE

113. NAME

114. STREET ADDRESS

115. CITY, STATE, ZIP

116. TITLE

117. NAME

118. STREET ADDRESS

119. CITY, STATE, ZIP

120. TITLE

121. NAME

122. STREET ADDRESS

123. CITY, STATE, ZIP

124. TITLE

125. NAME

126. STREET ADDRESS

127. CITY, STATE, ZIP

128. TITLE

129. NAME

130. STREET ADDRESS

131. CITY, STATE, ZIP

132. TITLE

133. NAME

134. STREET ADDRESS

135. CITY, STATE, ZIP

136. TITLE

137. NAME

138. STREET ADDRESS

139. CITY, STATE, ZIP

140. TITLE

141. NAME

142. STREET ADDRESS

143. CITY, STATE, ZIP

144. TITLE

145. NAME

146. STREET ADDRESS

147. CITY, STATE, ZIP

148. TITLE

149. NAME

150. STREET ADDRESS

151. CITY, STATE, ZIP

152. TITLE

153. NAME

154. STREET ADDRESS

155. CITY, STATE, ZIP

156. TITLE

157. NAME

158. STREET ADDRESS

159. CITY, STATE, ZIP

160. TITLE

161. NAME

162. STREET ADDRESS

163. CITY, STATE, ZIP

164. TITLE

165. NAME

166. STREET ADDRESS

167. CITY, STATE, ZIP

168. TITLE

169. NAME

170. STREET ADDRESS

171. CITY, STATE, ZIP

172. TITLE

173. NAME

174. STREET ADDRESS

175. CITY, STATE, ZIP

176. TITLE

177. NAME

178. STREET ADDRESS

179. CITY, STATE, ZIP

180. TITLE

181. NAME

182. STREET ADDRESS

183. CITY, STATE, ZIP

184. TITLE

185. NAME

186. STREET ADDRESS

187. CITY, STATE, ZIP

188. TITLE

189. NAME

190. STREET ADDRESS

191. CITY, STATE, ZIP

192. TITLE

193. NAME

194. STREET ADDRESS

195. CITY, STATE, ZIP

196. TITLE

197. NAME

198. STREET ADDRESS

199. CITY, STATE, ZIP

200. TITLE

201. NAME

202. STREET ADDRESS

203. CITY, STATE, ZIP

204. TITLE

205. NAME

206. STREET ADDRESS

207. CITY, STATE, ZIP

208. TITLE

209. NAME

210. STREET ADDRESS

211. CITY, STATE, ZIP

212. TITLE

213. NAME

214. STREET ADDRESS

215. CITY, STATE, ZIP

216. TITLE

217. NAME

218. STREET ADDRESS

219. CITY, STATE, ZIP

220. TITLE

221. NAME

222. STREET ADDRESS

223. CITY, STATE, ZIP

224. TITLE

225. NAME

226. STREET ADDRESS

227. CITY, STATE, ZIP

228. TITLE

229. NAME

230. STREET ADDRESS

231. CITY, STATE, ZIP

232. TITLE

233. NAME

234. STREET ADDRESS

235. CITY, STATE, ZIP

236. TITLE

237. NAME

238. STREET ADDRESS

239. CITY, STATE, ZIP

240. TITLE

241. NAME

242. STREET ADDRESS

243. CITY, STATE, ZIP

244. TITLE

245. NAME

246. STREET ADDRESS

247. CITY, STATE, ZIP

248. TITLE

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

**APPROVED
AND
FILED**

MAY 11 1992

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Teresa B. McElrath
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V41663 (8)

1. Corporation Name

BONITA BEACH BOAT CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 26395 HICKORY BLVD
BONITA SPRINGS FL 33923

Mailing Address: 26395 HICKORY BLVD
BONITA SPRINGS FL 33923

3. Date incorporated or qualified: **06/04/1992**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business:

2a. Mailing Address:

21

26

4. FEI Number: **65-0338619**
Applied For: ☐ Not Applicable

State: **FL**

State: **FL**

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

28

8. This corporation has liability for intangible tax under s. 194(1)(b), Florida Statutes: ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOHLENHOFF, ERIC
26395 HICKORY BLVD
BONITA SPRINGS FL 33923**

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(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and 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 hereby sworn and accept the responsibility of Sections 607.05(2) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of New Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	D MOHLENHOFF, ERIC 26395 HICKORY BLVD BONITA SPRINGS FL
NAME	VP MOHLENHOFF, RICHARD 26395 HICKORY BLVD BONITA SPRINGS FL
NAME	S MOHLENHOFF, ELLEN 26395 HICKORY BLVD BONITA SPRINGS FL
NAME	T MOHLENHOFF, LOUISE 26395 HICKORY BLVD BONITA SPRINGS FL
NAME	
NAME	
NAME	
NAME	

NAME		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
NAME		☐ 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 194(1)(b) Florida Statutes. I further certify that the information was entered on this annual report or supplemental annual report as 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 on Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 813-992-2137
(Typed Name)

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # V41969

(9)

1. Corporation Name

GOBERT INDUSTRIES, INC.

5.11.95 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

USE FEEL-FAST IN THIS SPACE

Principal Office Location: **1531 NW 80TH AVE.
MARGATE FL 33062
US**
Mailing Address: **1531 NW 80TH AVE.
BLDG K
MARGATE FL 33063
US**

3. Date of Incorporation (or Reincorporation): **06/05/1992** 3a. Date of Last Report: **05/01/1994**

2. Filing Fee: **21** 2a. Mailing Address: **26** 4. FFI Number: **65-0333836** 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**
7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent: **GOBERT, ADAM
1531 NW 80TH AVE
BLDG K
MARGATE FL 33063** 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: **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 this appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE: _____ (Print Name of Agent or Other Person Accepting Appointment and Filing Fee) _____ (Print Name of Registered Agent or Other Person Accepting Appointment and Filing Fee)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE: DP	NAME: GOBERT, ADAM	1. TITLE: ☐ Change ☐ Addition	
NAME: GOBERT, ADAM	STREET ADDRESS: 1531 NW 80TH AVE.	2. NAME: ☐ Change ☐ Addition	
CITY: FL	CITY: FL	3. STREET ADDRESS: ☐ Change ☐ Addition	
STATE: FL	STATE: FL	4. CITY: ☐ Change ☐ Addition	
ZIP: 33063	ZIP: 33063	5. CITY: ☐ Change ☐ Addition	
TITLE: DVT	NAME: GOBERT, LORI	6. NAME: ☐ Change ☐ Addition	
NAME: GOBERT, LORI	STREET ADDRESS: 1531 NW 80TH AVE.	7. STREET ADDRESS: ☐ Change ☐ Addition	
CITY: FL	CITY: FL	8. CITY: ☐ Change ☐ Addition	
STATE: FL	STATE: FL	9. CITY: ☐ Change ☐ Addition	
ZIP: 33063	ZIP: 33063	10. CITY: ☐ Change ☐ Addition	
TITLE: 	NAME: 	11. NAME: ☐ Change ☐ Addition	
NAME: 	STREET ADDRESS: 	12. STREET ADDRESS: ☐ Change ☐ Addition	
CITY: 	CITY: 	13. CITY: ☐ Change ☐ Addition	
STATE: 	STATE: 	14. CITY: ☐ Change ☐ Addition	
ZIP: 	ZIP: 	15. CITY: ☐ Change ☐ Addition	
TITLE: 	NAME: 	16. NAME: ☐ Change ☐ Addition	
NAME: 	STREET ADDRESS: 	17. STREET ADDRESS: ☐ Change ☐ Addition	
CITY: 	CITY: 	18. CITY: ☐ Change ☐ Addition	
STATE: 	STATE: 	19. CITY: ☐ Change ☐ Addition	
ZIP: 	ZIP: 	20. CITY: ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims that qualify for the exemptions stated in Sections 193.032, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate, and that my corporation shall have the same as to all other laws, if made under oath. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12, or the list is changed, on an attachment with an address.

SIGNATURE: **Adam J. Gobert** **ADAM J. GOBERT** **5.11.95** **309-390-9098**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR