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 23 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V61049** **(5)**

1. Corporation Name
INDIAN RIVER EXCAVATING, INC.

Principal Place of Business
7445 16TH MANOR
VERO BEACH FL 32966

Mailing Address
POST OFFICE BOX 1674
VERO BEACH FL 32961
US

3. Date Incorporated or Qualified: **09/01/1992**

3a. Date of Last Report: **08/15/1994**

4. FEI Number: **59-3139846** ☐ 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 [illegible] Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business
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

9. Name and Address of Current Registered Agent

HENDERSON, STEVE L.
817 BEACHLAND BLVD.
VERO BEACH FL 32963

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 607.0502 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

TITLE	**D**
NAME	**HATALA, LEONARD J., JR.**
STREET ADDRESS	**7445 16TH MANOR**
CITY-ST-ZIP	**VERO BEACH FL**
TITLE	**S**
NAME	**WRIGHT, LEO W.**
STREET ADDRESS	**POST OFFICE BOX 1653 N/A**
CITY-ST-ZIP	**VERO BEACH FL**
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

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
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(1)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95
Date

407-770-1604
Daytime Phone #

0074004 CP

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APPROVED
AND
FILED
[illegible] 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61417** **(4)**

1. Corporation Name
REVELL TRUCK REPAIR & FLEET MAINTENANCE, INC.

Principal Place of Business
2750 DOWDEN ROAD
ORLANDO FL 32824
US

Mailing Address
2750 DOWDEN ROAD
ORLANDO FL 32824
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3151230 ☐ 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 [illegible] Florida Statutes ☐ Yes **XX** No

2. Principal Place of Business
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

9. Name and Address of Current Registered Agent

REVELL, JUDITH
2750 DOWDEN ROAD
ORLANDO FL 32824

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 607.0502 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

TITLE	P
NAME	REVELL, BOBBY
STREET ADDRESS	2750 DOWDEN ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	ST
NAME	REVELL, JUDITH
STREET ADDRESS	2750 DOWDEN ROAD
CITY-ST-ZIP	ORLANDO FL
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

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Judith Revell Judith Revell 5-17-95 (407) 240-0684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61548** **(6)**

1. Corporation Name

ADVANTAGE LIST & MARKETING CORPORATION

Principal Place of Business

2301 MAITLAND CTR PKWY
STE 100
MAITLAND FL 32751
US

Mailing Address

2301 MAITLAND CENTER PKWY
STE 100
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/01/1992

3a. Date of Last Report: 01/13/1994

4. FEI Number: 59-3141217 ☐ 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

MANION, JOHN R.
2301 MAITLAND CENTER PKWY
STE 100
MAITLAND FL 32751

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 607.0502 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

TITLE	STD
NAME	MANION, JOHN R.
STREET ADDRESS	2301 MAITLAND CTR PKWY, STE 100
CITY-ST-ZIP	MAITLAND FL
TITLE	~~P~~
NAME	~~ZIRKLE, DODI B~~ Delete
STREET ADDRESS	~~2301 MAITLAND CTR PKWY, STE 100~~
CITY-ST-ZIP	~~MAITLAND FL~~
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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(1)(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: J. R. Manion John R. Manion 4/4/95 (407) 875-1110

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