

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

INTEGRATION
ANNUAL REPORT

1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

DOCUMENT # V61450

(5)

95 MAY 10 AM 10:35

NAPLES REAL ESTATE CONNECTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800 LAUREL OAK DR
STE 200
NAPLES FL 33963
US

800 LAUREL OAK DR
STE 200
NAPLES FL 33963
US

DATE OF REPORT: THIS SPACE

2. Filing of this report is required by:	2a. Mailing Address	3. Date of Report or Quarterly	3a. Date of Last Report
21. 8900 TAMiami TRAIL	26. Mailing Address	08/31/1992	03/29/1994
22. City, State	27. Mailing Address	4. FE Number	Applied Fee
23. Naples FL	27. Mailing Address	65-0354570	Not Applicable
24. 33963	29. City, State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. USA	30. City, State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under 5-199.04?	
		Yes ☒ No ☐	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, GINNY
882 TURTLE CT
NAPLES FL 33963

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. I, the undersigned, being the president or secretary of the corporation, hereby certify that the above signed corporation voluntarily 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 further willing to accept the obligations of Section 607.04, Florida Statutes.

SIGNATURE

Signature of the person filing this report (must be president or secretary)

Signature of the person filing this report (must be president or secretary)

AT

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME GINNY, LEE 2. STREET ADDRESS 800 LAUREL OAK DR, STE 200 - NAPLES FL	1. NAME 2. STREET ADDRESS 8900 TAMiami TRAIL
3. CITY 4. STATE 5. ZIP CODE	3. CITY 4. STATE 5. ZIP CODE
6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP CODE	6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP CODE
11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE	11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE
16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE	16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE
21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP CODE	21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP CODE
26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE	26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption under 5-199.04, 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. I agree to the revocation of all the obligations of the corporation in this report and to the corporation's liability for intangible tax under 5-199.04, Florida Statutes, and that my further signature is hereby certified to be a change of an officer or director with an addition.

SIGNATURE:

Ginny Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR
GINNY LEE

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FLORIDA DEPARTMENT OF
STATE

1995



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1995

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APPROVED

1995

25

DOCUMENT # V61606

(2)

JO-DA, INC.

66 SOUTHPORT COVE
BONITA SPRINGS FL 33923

66 SOUTHPORT COVE
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created	3a. Date of Last Report
09/01/1992	06/21/1994
4. FIC Number	Applied For
65-0352698	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. The corporation has liability for intangible tax under S. 193.032 Florida Statutes	☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

JONES, DALE W.
66 SOUTHPORT COVE
BONITA SPRINGS FL 33923

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 193.032 and 193.033, 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, thereby, or by the appointment of its registered agent, and further, with and in compliance with the provisions of Sections 193.032 and 193.033, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D JONES, DALE W. 66 SOUTHPORT COVE BONITA SPRINGS FL	1. NAME	☐ Change ☐ Addition
NAME	D JONES, HARRIET D. 66 SOUTHPORT COVE BONITA SPRINGS FL	2. NAME	☐ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032(3), Florida Statutes. I further certify that the information included in 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 registered agent or director empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE: *Harriet D. Jones* Harriet D. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

813-495-6672

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

1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MATHIAS
GOVERNOR

APPROVED
AND
FILED

5 MAY 10 11:10:35

DOCUMENT # V62147 (6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SARASOTA ENCHANTED FLORIST, INC.

8419 S. TAMiami TR SARASOTA FL 34238 US		8419 S. TAMiami TR SARASOTA FL 34238 US	
2. Filing Office (Required)		2a. Filing Address	
21. State App # of		26. State App # of	
22. City & State		27. City & State	
23. County		28. County	
24. Zip Code		29. Zip Code	
25. Zip Code		30. Zip Code	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FAST, SUSAN I. 8419 S. TAMiami TERR. TRAIL SARASOTA FL 34238		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
11. Pursuant to the provisions of Sections 607.06(1) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 607.06(1) Florida Statutes.		12. OFFICERS AND DIRECTORS	
12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME FAST, SUSAN I. 8419 S. TAMiami TR. SARASOTA FL		13.1 NAME 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	
12.2 NAME FAST, BRUCE 8584 WOODBRIAR DR WOODBRIAR DR SARASOTA FL		13.5 NAME 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST, ZIP	
12.3 NAME 12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, ST, ZIP		13.9 NAME 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST, ZIP	
12.7 NAME 12.8 NAME 12.9 STREET ADDRESS 12.10 CITY, ST, ZIP		13.13 NAME 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, ST, ZIP	
12.11 NAME 12.12 NAME 12.13 STREET ADDRESS 12.14 CITY, ST, ZIP		13.17 NAME 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY, ST, ZIP	
14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.06(1)(b) 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. That I am an officer or director of the corporation or the receiver or liquidator appointed to wind up this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12.		SIGNATURE: <i>Susan I. Fast</i> 5/5/95 813 921-7699	
SIGNATURE: <i>Susan I. Fast</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	