FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61450** **(5)**

1. NAPLES REAL ESTATE CONNECTION, INC.

Principal Place of Business	Mailing Address
800 LAUREL OAK DR STE 200 NAPLES FL 33963 US	800 LAUREL OAK DR STE 200 NAPLES FL 33963 US

2. Principal Place of Business	2a. Mailing Address
21 8900 TAMIAMI TRAIL	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES FL	City & State 28
Zip 24 33963 · Country 25 USA	Zip 29 · Country 30

3. Date Incorporated or Qualified: 08/31/1992
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0354570 — ☐ 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	10. Name and Address of New Registered Agent
LEE, GINNY 882 TURTLE CT NAPLES FL 33963	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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: P NAME: GINNY, LEE STREET ADDRESS: ~~800 LAUREL OAK DR, STE 200~~ CITY-ST-ZIP: NAPLES FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS: 8900 TAMIAMI TRAIL CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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(3)(n), 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: Ginny Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GINNY LEE

0331360 CP

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ANNUAL REPORT
1995

DOCUMENT # V61606 (2)

1. JO-DA, INC.

APPROVED
MAY
FILED
25

DO NOT WRITE IN THIS SPACE

Principal Office	Mailing Address
66 SOUTHPORT COVE BONITA SPRINGS FL 33923	66 SOUTHPORT COVE BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 09/01/1992	3a. Date of Last Report: 06/21/1994
4. FEI Number: 65-0352698	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. The corporation has liability for intangible tax under § 199.032 Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, DALE W. 66 SOUTHPORT COVE 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 Section 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check One)
D JONES, DALE W. 66 SOUTHPORT OCVE BONITA SPRINGS FL	☐ Change ☐ Addition
D JONES, HARRIET D. 66 SOUTHPORT OCVE BONITA SPRINGS FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I, [illegible], certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 a 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 above, or on an attachment with an address.

SIGNATURE: Harriet D. Jones Harriet D. Jones 5/8/95 813-495-6672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124334 CR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # V62147 (6)

SARASOTA ENCHANTED FLORIST, INC.

APPROVED AND FILED

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8419 S TAMIAMI TR
SARASOTA FL 34238
US

8419 S. TAMIAMI TR
SARASOTA FL 34238
US

3. Date Incorporated or Qualified: 09/04/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0360220

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

FAST, SUSAN I.
8419 S. TAMIAMI TERR. TRAIL
SARASOTA FL 34238

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 Section 607.1007 and/or 608 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. Each 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. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTORS
D FAST, SUSAN I. 8419 S. TAMIAMI TR. SARASOTA FL	☐ Change ☐ Addition
D FAST, BRUCE 8584 WORDBRIAR DR WOODBRIAR DR SARASOTA FL	☐ Change ☐ Addition WOODBRIAR
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am a director or officer 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 above, or on an attachment with all other like empowered.

SIGNATURE: Susan I. Fast 5/5/95 813 921-7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0343388 CP