

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:46

DOCUMENT # V72756

(2)

1. Corporation Name

SUN CITY AUTO SALES, INC.

Principal Place of Business

**6320 PENSACOLA BLVD.
PENSACOLA FL 32505**

Mailing Address

**6320 PENSACOLA BLVD.
PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

07/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

59-3146297

Applied for
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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. 189.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**KING, THOMAS D.
6320 PENSACOLA BLVD.
PENSACOLA FL 32505**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KING, THOMAS D.
6320 PENSACOLA BLVD.
PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
TAYLOR, DONALD LEE
5051 GRANDE DR., APT. F2
PENSACOLA FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 by an attachment with an address.

SIGNATURE:

Thomas D. King
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Donald Lee Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF NEW OFFICER OR DIRECTOR

3-15-95 904-969-1100
Date Telephone Number

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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PM 1:08

DOCUMENT # V72948 (5)

1. Corporation Name

DRYWALL BY B & B, INC.

Principal Place of Business

**107 NE 1ST AVE
OCALA FL 34470**

Mailing Address

**107 NE 1ST AVE
OCALA FL 34470**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

04/06/1994

4. FEI Number

65-0363940

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BODDY, RONALD E JR
5680 SE 22ND PLACE
OCALA FL 34471**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BODDY, RONALD E JR**
STREET ADDRESS **5680 SE 22ND PLACE**
CITY - ST - ZIP **OCALA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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(3)(b), 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 amendment with an address.

SIGNATURE:

Ronald E. Boddy, Jr.

Signature and typed or printed name of signing officer or director

Date

(904) 624-4047

Daytime Phone

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:29

DOCUMENT # V73924 (5)

1. Corporation Name

NATIONAL EMPLOYER SAFETY COALITION, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/23/1992
3a. Date of Last Report 02/22/1994

4. FEI Number 65-0883311
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

2. Principal Place of Business

21. 2033 WOOD STREET

Suite, Apt. #, etc.

22. SUITE 200

City & State

23. SARASOTA FL

Zip Country

24. 34237

2a. Mailing Address

26. 2033 WOOD STREET

Suite, Apt. #, etc.

27. SUITE 200

City & State

28. SARASOTA FL

Zip Country

29. 34237

30. Country

9. Name and Address of Current Registered Agent

HARRIS, G WAYNE
1800 SECOND ST
SUITE 104
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81. Name G. WAYNE HARRIS
82. Street Address (P.O. Box Number is Not Acceptable) 2033 WOOD STREET, SUITE 200
83. City SARASOTA
84. FL 85. Zip Code 34237

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, 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

G. Wayne Harris

3-21-95

Signature, Name, and Address of Registered Agent and this I Approve

Signature, Name, and Address of Registered Agent

Signature, Name, and Address of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	HARRIS, G. WAYNE	7251 PLOVERS WAY	SARASOTA FL
S	MILLER, H. LINCOLN	390 BOCA CIEGA PT. BLVD. SOUTH	ST. PETERSBURG FL
TVP	HUGHES, F. I.	2805 MAITLAND CENTER PARKWAY	MAITLAND FL
VP	HARKAVY, JOHATHON	1555 WILSON BOULEVARD, SUITE 300	ARLINGTON VA
VP	MEEHAN, EDWARD	POST OFFICE BOX 306	MONTPELIER VT
VP	ROGERS, MICHAEL T.	POST OFFICE BOX 306	MONTPELIER VT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
Secretary	Kelly K Byers	2033 WOOD STREET, SUITE 200	SARASOTA, FL 34237	☒	☐
Vice President	H. Lincoln Miller	10 Morgan Road	Hamover, NH 03755	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 (2)(b)(8), 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 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: *Kelly K Byers* Kelly K Byers 3-19-95 (813) 957 3866

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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:28

DOCUMENT # **V74240** (5)

1. Corporation Name

THE ENCLAVE AT SILVER LAKES, INC.

Principal Place of Business

**910 N.W. 179TH AVENUE
PEMBROKE PINES FL 33029
US**

Mailing Address

**910 N.W. 179TH AVENUE
PEMBROKE PINES FL 33029
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/23/1992

3a. Date of Last Report

05/01/1994

4. FFI Number

65-0371773

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

City & State

27. City & State

27

City & State

24. Zip

24

Country

25. Country

25

29. Zip

29

Country

30. Country

30

9. Name and Address of Current Registered Agent

**HODKIN, PETER M
2200 W COMMERCIAL BLVD
SUITE 302
FORT LAUDERDALE FL 33309**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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

Signature (Typed or printed name of registered agent and filed application)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
ZUCKERMAN, DAVID
1201 S.W. 102ND AVE
PEMBROKE PINES FL 33025**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
ZUCKERMAN, ANDREW
1201 S.W. 102ND AVE
PEMBROKE PINES FL 33025**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
LEVY, MICHAEL
16855 N.E. 2ND AVE SUITE 101
NORTH MIAMI BEACH FL 33162**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
LEVY, RONALD
1550 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LEVY

3/24/95

(305) 437-4616

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF REVENUE
Sandra B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 121467

(5)

1. Corporation Name

BARNETT BANKS, INC.

95 MAR 32 PM 1:21

Principal Place of Business

P.O. BOX 40789
JACKSONVILLE FL 32203-7789

Mailing Address

50 NO LAURA STR
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

01/03/1930

3a. Date of Last Report

04/14/1994

4. FEI Number

59-0560515

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

**SWARTLEY, RICHARD E
50 LAURA STREET
JACKSONVILLE FL 32202-0610**

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

Signature, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	RICE, CHARLES E.
STREET ADDRESS	50 LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	CFO
NAME	NEWMAN, CHARLES W.
STREET ADDRESS	50 LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DP
NAME	LASTINGER, ALLEN L. JR.
STREET ADDRESS	50 LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	COSBY, CATHERINE C.
STREET ADDRESS	50 LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	EVP
NAME	NOBLES, HINTON F. JR.
STREET ADDRESS	50 LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL
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 Sections 110.07(3)(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catherine C. Cosby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Catherine C. Cosby

1/13/95 (904) 791-7286