

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

**APPROVED,  
AND  
FILED**

95 MAY 11 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **219756** (4)  
1. Corporation Name  
**E.A.B., INC.**

Principal Place of Business Meeting Address  
**1488 NORTHRIDGE DR.  
P.O. BOX 520549  
LONGWOOD FL 32752-7549**

(DO NOT WRITE IN THIS SPACE)

2. Date Incorporated or Qualified <b>01/30/1959</b>		3a. Date of Last Report <b>08/04/1994</b>	
4. FEI Number <b>59-0863747</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under § 199(3)(2), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent  
**ABRAMS, EVERETT, JR.  
1488 NORTHRIDGE DR.  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 609.01(4) and 609.1508, Florida Statutes, this at-large named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 understand the obligations of the former Officer, Florida Statutes.

12. OFFICER/RELATED DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)	
TYPE	<b>P</b>	1. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME	<b>ABRAMS, EVERETT, JR.</b>	2. NAME	
STREET ADDRESS	<b>1488 NORTHRIDGE DR.</b>	3. STREET ADDRESS	
CITY	<b>LONGWOOD FL</b>	4. CITY	
TYPE	<b>S</b>	5. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME	<b>ABRAMS, NINA</b>	6. NAME	
STREET ADDRESS	<b>1488 NORTHRIDGE DR.</b>	7. STREET ADDRESS	
CITY	<b>LONGWOOD FL</b>	8. CITY	
TYPE		9. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	
TYPE		13. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY		16. CITY	
TYPE		17. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY		20. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(2)(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. I am secretary or clerk for the corporation or the manager or person empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on the F-12 of the F-12 of the Corporation or on an attachment to an attachment to an attachment.

SIGNATURE: *Nina Abrams*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5-10-95 (40) 339-4986

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ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **224774** (0)  
**TOTAL SUPPLY SYSTEMS, INC.**

RECEIVED  
MAY 10 1995  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

610 E 10TH STREET P.O. BOX 3224 JACKSONVILLE FL 32206		610 E 10TH STREET P.O. BOX 3224 JACKSONVILLE FL 32206		37. Date of Report Prepared <b>06/12/1995</b>	38. Date of Last Report <b>04/26/1994</b>
21. <b>118 WEST ADAMS ST</b>	26. <b>P.O. BOX 836</b>	4. FIC Number <b>59-0874720</b>	Applied For Next Application		
22. <b>JACKSONVILLE FL</b>	27. <b>9th FLOOR</b>	5. Contribution of Assets Donated	<b>\$8.75 Additional Fee Required</b>		
23. <b>9th FLOOR</b>	28. <b>JACKSONVILLE FLA</b>	6. Election Campaign Expenses Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>		
24. <b>32201</b>	25. <b>U.S.A.</b>	29. <b>32201</b>	30. <b>U.S.A.</b>	B. The corporation has voluntarily terminated its registration under the Florida Statutes.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RALPH, SIDNEY</b> <b>610 E 10TH ST</b> <b>JACKSONVILLE FL 32206</b>				81. Name			
				82. Street Address (This is a member of the Corporation)			
				83.			
				84. City	85. State	<b>FL</b>	

11. The agent for the corporation has been duly qualified under the Florida Statutes, the laws and custom of the state and the corporation has authorized the person or persons named in this report to represent the corporation in the State of Florida and to execute any and all papers and documents required by the corporation to be filed for its record in the State of Florida and to execute any and all papers and documents required by the corporation to be filed for its record in the State of Florida.

SIGNATURE		12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
PD <b>RALPH, SIDNEY</b> <b>610 E 10TH ST</b> <b>JACKSONVILLE FL</b>		S <b>BONNETT, SHEILA</b> <b>610 E 10 ST</b> <b>JACKSONVILLE FL</b>		<del>V</del> <b>RALPH, SIDNEY</b> <b>610 E 10 ST</b> <b>JACKSONVILLE FL</b>	
NAME TITLE ADDRESS CITY STATE ZIP		NAME TITLE ADDRESS CITY STATE ZIP		NAME TITLE ADDRESS CITY STATE ZIP	
				DELETION	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and is true and correct as of the date of filing. I further certify that the information is true and correct as of the date of filing and that the corporation has authorized the person or persons named in this report to execute any and all papers and documents required by the corporation to be filed for its record in the State of Florida and to execute any and all papers and documents required by the corporation to be filed for its record in the State of Florida.

SIGNATURE: *[Signature]* **5/13/95** *[Signature]*  
 DIRECTOR AND TYPE IN FULL NAME OF BOARD OFFICER OR DIRECTOR **President**

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REGISTRATION RATES  
 ANNUAL REGISTRATION  
**1995**



STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 1900 BANKERS BUILDING  
 TALLAHASSEE, FLORIDA 32399-0001  
 (904) 487-2000

APPROVED  
 05/15  
 RIVERWOOD CONSTRUCTION, INC.  
 TALLAHASSEE, FLORIDA

DOCUMENT # **224864** (9)  
 RIVERWOOD CONSTRUCTION, INC.

15710 NW 2ND AVE  
 NO. MIAMI FL 33169

21	15702 NW 2 Avenue	26	15702 NW 2 Avenue	3	07/01/1993	3a	05/01/1994
22		27		4	59-0871518	Applied For Not Applicable	
23	Miami, FL	28	Miami, FL	5		\$8.75	Additional Fee Required
24	33169	29	33169	6		\$5.00	May Be Added to Fees
25	Dade	30	Dade	7			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEAL, RICHARD M, JR 15702 NW 2ND AVE MIAMI FL 33169				B1	Name		
				B2	Street Address (P.O. Box Number or Post Office)		
				B3			
				B4	City	B5	Zip Code
				FL			

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation admits this statement for the purpose of changing its registered office or registered agent of 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 of said Florida firm and accept the obligations of section 220.02 Florida Statute.

SIGNATURE \_\_\_\_\_

12. CURRENT AND PREVIOUS	13. ADDITIONAL NAMES TO BE LISTED AND THEIR STATUS
NAME: PTD NEAL, RICHARD M, JR STREET ADDRESS: 15702 NW 2ND AVE CITY: MIAMI, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SDV NEAL, FREDERICA STREET ADDRESS: 15702 NW 2ND AVE CITY: MIAMI, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 190.02, Florida Statute. 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. I am an officer or director of the corporation or the trustee or trustee-in-possession to execute this report as required by Chapter 190, Florida Statute, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frederica B. Neal*  
 FREDERICA B. NEAL, SECRETARY  
 5/1/95 305-944-7151