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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandria B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:43

DOCUMENT # 206841

(9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

J.C. VALENTI COMPANY, INC.

Principal Place of Business

2801 EAST HILLSBOROUGH AVE.
P. O. BOX 11128
TAMPA FL 33690

Mailing Address

2801 EAST HILLSBOROUGH AVE.
P. O. BOX 11128
TAMPA FL 33690

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/18/1957

3a. Date of Last Report

04/29/1994

4. FEI Number

59-0813011

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

Filed w/ parent
company

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29

30

9. Name and Address of Current Registered Agent

RABIN, JEFFREY B.
258 N.W. 1ST AVE.
FLORIDA CITY FL 33034

10. Name and Address of New Registered Agent

company

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DIMARE, PAUL J.
STREET ADDRESS	258 N.W. 1ST AVE.
CITY- ST- ZIP	FLORIDA CITY FL
TITLE	V
NAME	BRUNO, CHARLES E.
STREET ADDRESS	2801 E. HILLSBOROUGH AVE
CITY- ST- ZIP	TAMPA FL
TITLE	STD
NAME	DIMARE, ANTHONY J.
STREET ADDRESS	258 N.W. 1ST AVE.
CITY- ST- ZIP	FLORIDA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 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, or on an attachment with an address.

SIGNATURE:

Charles E. Bruno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95

Date

(813) 238-7981

Telephone