FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
LAMBCO CORPORATION INC.

DOCUMENT # 656977 (6)

Mailing Address
420 BEACH RD
SARASOTA FL 34242

Principal Place of Business
420 BEACH RD
SARASOTA FL 34242

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified: 02/25/1980
1a. Date of Last Report: 3/31/94

2. Mailing Address (21)
2a. Principal Place of Business (26)

Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

3. FEI Number: 59-1974443
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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MESHAD, JOHN W
1900 RINGLING BLVD
SARASOTA FL 33577

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 607.1502 and 607.1508 or Sections 617.1502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent Signature Required When Reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	P/D	
2 NAME	LOFINO, CHARLES J.	
3 STREET ADDRESS	420 BEACH ROAD	
4 CITY-ST-ZIP	SARASOTA FL	
1 TITLE	O/V/P	
2 NAME	LOFINO, MICHAEL D.	
3 STREET ADDRESS	628 BEACH ROAD	
4 CITY-ST-ZIP	SARASOTA FL	
1 TITLE	O/C	
2 NAME	GIANATE, BARBARA	
3 STREET ADDRESS	50 HILLVIEW LANE	
4 CITY-ST-ZIP	STATEN ISLAND NY	
1 TITLE	O/V/P	
2 NAME	GIGANTE, ROBERT	
3 STREET ADDRESS	50 HILLVIEW LANE	
4 CITY-ST-ZIP	STATEN ISLAND NY	
1 TITLE	O/T	
2 NAME	LOFINO, MICHAEL JR.	
3 STREET ADDRESS	628 BEACH ROAD	
4 CITY-ST-ZIP	SARASOTA FL	
1 TITLE		
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		

700000148218?
-05/10/95--01023--006
****200.00 ****200.00

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR — Date — Daytime Phone #

As soon as you know your new address, mail this card to all of the people, businesses, and publications who send you mail.

For publications, tape an old address label over name and old address sections and complete new address.

Your Name (Print or type. Last name, first name, middle initial)
SHELL, HARRY A.

Old Address

No. & Street	Apt./Suite No.	PO Box	RR No.	Rural Box No.
2438 DUCHESS CT				

City	State	ZIP + 4
NAPLES	FLA	33962

New Address

No. & Street	Apt./Suite No.	PO Box	RR No.	Rural Box No.
3575 WINDJAMMER CIRCLE	2203			

City	State	ZIP + 4
Naples,	Fla	33962

Sign Here	Date new address in effect	Keyline No. (If any)
Harry A. Shell	April 1, 95	

PS Form 3576, November 1990

RECEIVER: Be sure to record the above new address.