

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 17 AM 10:40**

**DOCUMENT # F80643 (2)**

1. Corporation Name  
**GELARDI, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
5389 FAIRFIELD WAY FT MYERS FL 33919  
**SAME →**  
MODERN TRANS  
1442 SE 16TH PL  
CAPE CORAL FL 33990  
US

3. Date Incorporated or Qualified **05/05/1982** 3a. Date of Last Report **02/04/1994**  
4. FEI Number **59-2210638** 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 2a. Mailing Address  
21 **MODERN TRANS.** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **1442 SE 16th PL.** 27  
City & State City & State  
23 **CAPE CORAL FLA** 28  
Zip Country Zip Country  
24 **33990** 25 29 30

9. Name and Address of Current Registered Agent  
**GELARDI, JAMES A  
5389 FAIRFIELD WAY  
FT. MYERS FL 33919**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GELARDI, VICKIE 5389 FAIRFIELD WAY FT MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELARDI, JAMES A 5389 FAIRFIELD WAY FT MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GELARDI, JACQUELINE M 5383 FAIRFIELD WAY FT MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELARDI, MICHAEL S 6084 TIMBERWOOD CIR FT MYERS FL
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	TR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHRISTINE M. GELARDI 5389 FAIRFIELD WAY FT. MYERS, FLA. 33919</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 118.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Gelardi* 1-17-95 813-772-  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
8206