

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F89608** (6)

1. Corporation Name

CAPALBO RENTAL AND MANAGEMENT, INC.



Principal Place of Business

**4700 34TH ST. S.
ST PETERSBURG BCH FL 33711**

Mailing Address

**4700 34TH ST. S.
ST PETERSBURG BCH FL 33711**

3. Date Incorporated or Qualified
07/07/1982

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 **4700 34th Street So**

Suite, Apt. #, etc.

2a. Mailing Address

26 **4700 34th Street So**

Suite, Apt. #, etc.

4. FEI Number
59-2206225

Applied For
Not Applicable

22 City & State

23 **St. Petersburg FL**

Zip Country

24 **33711 U.S.**

27 City & State

28 **St. Petersburg FL**

Zip Country

29 **33711 U.S.**

30 **U.S.**

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

**CAPALBO, BARBARA J
4700 34TH STREET, SOUTH
S4
ST. PETERSBURG FL 33711**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **CAPALBO, BARBARA J**
STREET ADDRESS **4700 34TH STREET, SOUTH**
CITY-ST-ZIP **ST PETERSBURG BCH FL**

TITLE **DV** ☐ DELETE
NAME **CAPALBO, ANTHONY F**
STREET ADDRESS **4700 34TH STREET, SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Capalbo, Barbara J**
1.3 STREET ADDRESS **4700 34th Street So**
1.4 CITY-ST-ZIP **St. Petersburg FL 33711**

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 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara J. Capalbo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96
Date

813-866-2494
Daytime Phone #

CR2E034 (12/95)