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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K20764

(2)

1. Corporation Name

PIZZOLONGO PLASTERING, INC.

Principal Place of Business

**1804 N TEAKWOOD DR E
PLANT CITY FL 33566**

Mailing Address

**1804 N TEAKWOOD DR E
PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2884086

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 § 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

City

Country

City

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIZZOLONGO, MICHAEL P.
1804 N TEAKWOOD DR E
PLANT CITY FL 33566**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

SIGNATURE

(Signature of Registered Agent or Secretary of Corporation)

(Signature of Agent or Secretary of Corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 NAME DPC PIZZOLONGO, MICHAEL P. 1804 TEAKWOOD DR E PLANT CITY FL	102 NAME DVT PIZZOLONGO, CHERYL L. 1804 TEAKWOOD DR E PLANT CITY FL	103 NAME D CARLTON, ROSARIE 15906 EAGLE RIVER WAY TAMPA FL
104 NAME DVT PIZZOLONGO, CHERYL L. 1804 TEAKWOOD DR E PLANT CITY FL	105 NAME D CARLTON, ROSARIE 15906 EAGLE RIVER WAY TAMPA FL	
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(2)(b), Florida Statutes. I further certify that the information included in 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 of this filing, or on any other filing with an address.

SIGNATURE:

Michael P. Pizzolongo DYT
Cheryl L. Pizzolongo

4-27-95 813 754-8085