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 JAN 20 AM 8:46

DOCUMENT # K45463 (2)

1. Corporation Name
ARMELLINI PIERSON TERMINAL, INC.

Principal Place of Business	Mailing Address
3446 SOUTHWEST ARMELLINI AVE. P. O. BOX 678 PALM CITY FL 34990-8129	3446 SOUTHWEST ARMELLINI AVE. P. O. BOX 678 PALM CITY FL 34990-8129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0091092 ☐ 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

9. Name and Address of Current Registered Agent

ARMELLINI, RICHARD
3446 SOUTHWEST ARMELLINI AVENUE
PALM CITY FL 34990

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ARMELLINI, JULES	1.2 NAME	
STREET ADDRESS	541 SW FALCON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	ARMELLINI, SARAH	2.2 NAME	
STREET ADDRESS	541 SW FALCON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ARMELLINI, RICHARD	3.2 NAME	
STREET ADDRESS	3271 SW WATER EDGE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DUSHARM, JUDITH	4.2 NAME	
STREET ADDRESS	2345 VINE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VINELAND NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ARMELLINI, WILLIAM	5.2 NAME	
STREET ADDRESS	5749 MAPP RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ARMELLINI, STEPHEN	6.2 NAME	ARMELLINI, STEPHEN
STREET ADDRESS	10882 SW HAWKVIEW CR	6.3 STREET ADDRESS	6820 APPALOOSA TRL
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33330

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)(i), 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: Richard B Armellini Secy/Treas 1/16/95 407-287-0575
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0464770 FP