

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:30

DOCUMENT # **K68837** (9)
1. Corporation Name
BIANCO BROTHERS INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% LARRY M. SEGALL **% LARRY M. SEGALL**
703 SWANN AVENUE **703 SWANN AVENUE**
TAMPA FL 33606-2729 **TAMPA FL 33606-2729**

3. Date Incorporated or Qualified **02/27/1989** 3a. Date of Last Report **02/16/1994**

2. Principal Place of Business 2a. Mailing Address
21 **704 West Bay Street** 26 **704 West Bay Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2099052** Applied For
Not Applicable

22 City & State 27 City & State
23 **Tampa, FL** 28 **Tampa, FL**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip **33606** 25 Country **U.S.A.** 29 Zip **33606** 30 Country **U.S.A.**

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

SEGALL, LARRY M.
703 SWANN AVENUE
TAMPA FL 33603

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
704 West Bay Street
83
84 City **Tampa** FL 85 Zip Code **33606**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EGGERS, CHARLES F.
STREET ADDRESS 139 CHAPEL WOODS
CITY-ST-ZIP WILLIAMSVILLE NY

TITLE VTSD
NAME EGGERS, RITA MARY
STREET ADDRESS 139 CHAPEL WOODS
CITY-ST-ZIP WILLIAMSVILLE NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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: Charles F. Eggers 1/30/95 716-6896382
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR DATE TELEPHONE #