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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91545** **(8)**

1. Corporation Name
LARRY VENTIMIGLIA AGENCY INC.

Principal Place of Business	Mailing Address
100 IMPERIAL DR #601 UNIT 3608 SARASOTA FL 34236	100 IMPERIAL DR #601 UNIT 3608 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0260929	☐ Applied For ☐ Not Applicable
21 1100 IMPERIAL DR.	26 1100 IMPERIAL DR		
Suite, Apt. #, etc. 22 601	Suite, Apt. #, etc. 27 601	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 SARASOTA FLORIDA	City & State 28 SARASOTA FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 34236 / 25 SARASOTA	Zip / County 29 34236 / 30 SARASOTA	7. 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
VENTIMIGLIA, LAWRENCE 1100 IMPERIAL DR #601 ~~APT. 3608~~ SARASOTA 34236	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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	VENTIMIGLIA, LAWRENCE	12 NAME	
STREET ADDRESS	1100 IMPERIAL DR #601	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Lawrence Ventimiglia April 24/95 813 9535992
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE VENTIMIGLIA

0488386 FP