

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78686 (0)

1. Corporation Name

GIUNTA ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

324 HYDE PARK AVE.
SUITE 215
TAMPA FL 33606
US

P. O. BOX 2601
TAMPA FL 33601
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/29/1991

3a. Date of Last Report
04/06/1994

4. FEI Number

59-3077556

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. 194.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIUNTA, EDWARD F. III
11410 PALDAO RD
SUITE 2100
TAMPA FL 33618

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	GIUNTA, EDWARD F., II
STREET ADDRESS	11410 PALDAO ROAD
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	GIUNTA, EDWARD F.
STREET ADDRESS	10103 HAMPTON PLACE
CITY- ST- ZIP	TAMPA FL
TITLE	DTS
NAME	GIUNTA, KAREN E.
STREET ADDRESS	5751 CAMINO DEL SOL, SUITE 200
CITY- ST- ZIP	BOCA RATON FL
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	Tampa, FL 33618
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Stacy L. Giunta
2.3 STREET ADDRESS	10103 Hampton Place
2.4 CITY- ST- ZIP	Tampa, FL 33618
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Karen G. Wilson
3.3 STREET ADDRESS	324 S. Hyde Park Ave., #215
3.4 CITY- ST- ZIP	Tampa, FL 33606
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 110.07(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:

Edward F. Giunta, II

Edward F. Giunta, II

Date

4-15-95 (813)251-5520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Number