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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V57571 (4)

1. Corporation Name
JOSEPH T. FRISCIA, P.E., INC.

Principal Place of Business
608 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983
US

Mailing Address
608 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983-1864
US



3. Date Incorporated or Qualified 08/14/1992
3a. Date of Last Report 04/05/1996

2. Principal Place of Business
21 679 Whitmore Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 679 Whitmore Dr.
Suite, Apt. #, etc.

4. FEI Number 65-0358476
Applied For
Not Applicable

22 City & State
23 Port St. Lucie, FL

27 City & State
28 Port St. Lucie, 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 34984
25 Country

29 Zip 34984
30 Country

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

FRISCIA, JOSEPH T.
608 SW BAYSHORE BLVD
PORT ST LUCIE FL 34984

81 Name Friscia, Joseph T.
82 Street Address (P.O. Box Number is Not Acceptable)
679 Whitmore Dr.
83
84 City Port St. Lucie FL 85 Zip Code 34984

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

Joseph T. Friscia Joseph T. Friscia

2/22/97
DATE

Signature used or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	FRISCIA, JOSEPH T.	1685 SW BILTMORE STREET	PORT ST. LUCIE FL	<input type="checkbox"/>
PST	FRISCIA, JOSEPH T.	608 SW BAYSHORE BLVD	PORT ST LUCIE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/97 (561) 340-4980

Date

Daytime Phone #

CR2E034 (9/96)