## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 21 1998 8:00am

Secretary of State

1998

DOCUMENT #

1. Corporation Name P97000062113 (0)

TOM BHOCCOLO'S CUSTOM HOMES, INC.						
Principal Place	e of Business	Mailing Address				8 1/401 110 <b>3</b> 1 11000 1111 1001
7101 APPLEBY DRIVE		7101 APPLEBY DRIVE				
NAPLES FL 34104		NAPLES FL 34104		DO NOT MIDITE IN TUIC	SDVCE.	
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					07/16/1997	
2, Principal Pr	ace of Business	2a. Mailing Address		·····	4. FEI Number	Applied For
21		26		89-3457935	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		3. Certificate of dialos desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip Country		Zip Country			Trust Fund Contribution	Added to Fees
24	25	<sub>1</sub>	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
	g, Name and Address of Currer				10. Name and Address of New Registered Agent	
RR(	OCCOLO, TOM	<del>-</del>	81	Name		
	1 APPLEBY DRIVE		82 Street Ad		ress (P.O. Box Number is Not Acceptable)	
	PLES FL 34104		5treet Ad		ess (1.0. box Number is Not Acceptable)	
	1201201101		83			
			84	City		85 Zip Code
				,	<u> </u>	.   `   `
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 agr	of and twell applicable (NOTE	Registered Ag	ont signature requir	ed when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PVST	☐ DELETĒ	1.5 TOLE			Change Addition
NAME	BROCCOLO, TOM		1.2 NAME			
STREET ADDRESS	7101 APPLEBY DRIVE	1.3 STREET ADDRESS				1
CITY-ST-ZIP	NAPLES FL 34104	Douce	14 GITY-ST-74P  DELETE 21 THEE			Change Addition
TITLE						C change C Modition
NAME		2.2 NAME 2.3 STHEET ADDRESS		1 4000000		
STREET ADDRESS						
CITY-ST-ZIP TITLE		DELETE	2.4 0/TY-ST-7			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY-	S1-7IP		
TITLE		DELETE	DELETE 4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREE	T ADDRESS		
CITY+ST-ZIP			4.4 CITY-	ST - 71P		
TITLE	•	☐ DELETE	[_] DELETE 51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			54 CNY-SI-7IP  DELETE 6.1 TITLE			D Ohanna D Addition
TITLE						Change Addition
NAME :			6.2 NAME			
STREET ADDRESS			1	I AODRESS		
CITY-ST-ZIP	pertify that the information supplied w	ith this filmo does not qualify to	6.4 CITY-		Section 119.07(3)(i). Florida Statutes. I further ca	ertify that the information
14. Thereby 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 eath; that I am an officer or director of the corporation of 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, usen an attachmous without address.						