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Jan 27 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 # **203869** **(3)**

1. Corporation Name
AZZARELLI DEVELOPMENT CORP

Principal Place of Business	Mailing Address
~~9000 N. 18TH STREET~~ 4356 W, Rt 17 ~~P.O. BOX 9097~~ P.O. Box 767 ~~TAMPA FL 33674~~ Kankakee, IL 60901	~~9000 N 18TH STREET~~ P.O. Box 767 ~~P.O. BOX 9097~~ ~~TAMPA FL 33674-9097~~ Kankakee IL 60901

3. Date Incorporated or Qualified	3a. Date of Last Report
06/29/1957	02/16/1996

2. Principal Place of Business	2a. Mailing Address
21 4356 W. Rt 17	26 4356 W. Rt 17
Suite, Apt. #, etc. 22 P.O. Box 767	Suite, Apt. #, etc. 27 P.O. Box 767
City & State 23 Kankakee, IL	City & State 28 Kankakee, IL
Zip 24 60901 Country 25 U.S.A.	Zip 29 60901 Country 30 U.S.A.

4. FEI Number **36-2434931** ☐ 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 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AZZAVELL, SAMUEL J **9000 N 18TH ST** **TAMPA FL 33604**	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 Section 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AZZARELLI, SAMUEL J		1.2 NAME		
STREET ADDRESS	9000 NORTH 18TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AZZARELLI, JOHN F		2.2 NAME		
STREET ADDRESS	RTE 2 BOX 77A		2.3 STREET ADDRESS		
CITY-ST-ZIP	KANKAKEE, IL 00000		2.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AZZARELLI, J I		3.2 NAME		
STREET ADDRESS	14 MARQUETTE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KANKAKEE, IL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AZZARELLI, BARTLE		4.2 NAME		
STREET ADDRESS	1810 RIVERSHORE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HINTON, LARRY A		5.2 NAME		
STREET ADDRESS	2473 POTTERS TURN		5.3 STREET ADDRESS		
CITY-ST-ZIP	KANKAKRR IL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Larry A. Hinton 1-14-97 815-937-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #