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

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -1 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 247590 (3)

1. Corporate Name

VIOLET WOOD DEVELOPMENT CORP

| Principle Place of Business | Mailing Address |
|---|---|
| 3000 N HALIFAX AVE<br>DAYTONA BCH FL 32118<br>US | PO BOX 3947<br>DAYTONA BCH FL 32118<br>US |

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified: 05/18/1961 | 3a. Date of Last Report: 03/01/1994 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number: 59-2063536 | ☐ Applied For ☐ Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 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**

MARTINELLI, NANCY
145 N. HALIFAX AVE.
BOX 3945
DAYTONA BCH FL 32118

**10. Name and Address of New Registered Agent**

91 Name: MARTINELLI NANCY

92 Street Address, (P.O. Box Number is Not Acceptable): 145 N HALIFAX AVE

93 Box 265 204

94 City: Dayton Beach FL 95 Zip Code: 32126-5204

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | ROCCO, ROSEMARY | 12 NAME | ROSEMARY ROCCO |
| STREET ADDRESS | PO BOX 3947 N/A | 13 STREET ADDRESS | PO BOX 265 204 |
| CITY-ST-ZIP | DAYTONA BCH FL | 14 CITY-ST-ZIP | DAYTONA BEACH FL 32126-5213 |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ROCCO, ROSEMARY | 22 NAME | |
| STREET ADDRESS | 3000 N HALIFAX AVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BCH FL | 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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Rosemary Rocco Rosemary Rocco 2/23/95 (904) 673-2185

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0403077 FP