SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **271073** **(9)**

1. Corporation Name
CIOLFI VAN SERVICE INC

Principal Place of Business
3720-A NAVY BLVD.
PENSACOLA FL 32507

Mailing Address
3720-A NAVY BLVD.
PENSACOLA FL 32507

3. Date Incorporated or Qualified: **06/20/1963**
3a. Date of Last Report: **06/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-1036383**
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 elected to be taxed as an S corporation under sec. 1371-1372 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MCDONALD, REX
11569 HWY 87 N
MILTON FL 32570

10. Name and Address of New Registered Agent
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 607.0505, 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 of a corporate officer or registered agent authorized in Section 607.0505 — Date Registered agent signature required only if resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCDONALD, REX
STREET ADDRESS	RT 3, BOX 126
CITY ST ZIP	MILTON FL
TITLE	VD
NAME	MCDONALD, SCOTT
STREET ADDRESS	5403 CHAR BAR
CITY ST ZIP	PENSACOLA FL
TITLE	STD
NAME	WEEKLEY, MARSHA
STREET ADDRESS	PINNEYWOOD APTS., #43
CITY ST ZIP	MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

TITLE	PD	X Change ☐ Add/Del
NAME	MCDONALD,REX	
STREET ADDRESS	11569 HWY 87 NORTH	
CITY ST ZIP	MILTON, FLORIDA 32570	
TITLE	VD	X Change ☐ Add/Del
NAME	MCDONALD, SCOTT	
STREET ADDRESS	201 OREO DR	
CITY ST ZIP	MOLINO, FLORIDA 32577	
TITLE	STD	X Change ☐ Add/Del
NAME	WEEKLEY, MARSHA	
STREET ADDRESS	5762 MELROSE DR	
CITY ST ZIP	MILTON, FLORIDA 32570	
TITLE	D	☐ Change X Add/Del
NAME	ELAINE FULFORD	
STREET ADDRESS	1463 LEWIS RD	
CITY ST ZIP	MILTON, FLORIDA 32570	
TITLE		☐ Change ☐ Add/Del
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Add/Del
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I hereby certify that the information supplied with this report is accurately transcribed and does not exceed, for the corporation stated in Section 1.1 of this report, the maximum authorized capital stated in the 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 above, or on an attached list with my exact legal name(s) and address(es).

SIGNATURE: 6-29-95 904.456.2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone Number

CR2E034 (3/95)

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