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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 271073

(9)

CIOLFI VAN SERVICE INC

FILED Apr 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 9790.4 NAVY RIVID						{			
9720-A NAYY BLVD. PENSACOLA FL 32507			3720-A NAVY BLVD. PENSACOLA FL 32507-1218						
						3. Date incorporated or Qualified 06/20/1963	3a. Date o 05/01/	1996	·
· ·	Place of Business	· · - ŋ	iling Address			4. FE! Number		-	plied For
Suite, Apt.	# elc	[26]	te, Apt. #, etc.			59-1036383		41	ot Applicable Additional
22		27)	to, ript. II, bto.			5. Certificate of Status Desired		Fee Re	
City & Stat	te	City [28]	y & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zιp	· · · · · · · · · · · · · · · · · · ·	Count	lry	8. This corporation has liability for i	ntangible tax	ınder s.	. 199.032,
24	25	[29]	4 4 4	30		· · • · · · · · · · · · · · · · · · · ·	Yes N		
140	9, Name and Address of	of Current Registere	Ø Ageni	8	H Name	10. Name and Address of New Re	gistered Ager	ot	
	Donald, Rex 569 HWY 87 N								
	TON FL 32570			8	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
				8	3				
				ä	4 City		C 1 85	Zip (Code
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.1	508, Florida Statu	utes, the abo	ove-named cor	poration submits this statement for the p	urpose of cha	 nging it	s registered
office or a	registered agent, or both, in am familiar with, and accept :	the State of Florida, State obligations of, Se	Buch change was action 607,0505, F	: authorized Torida Statut	by the corporates.	ation's board of directors. I hereby accep	ot the appointr	nent as	registered
SIGNATURE									
	Signature, typed or printed name of re-	gistered agent and tale if app. CERS AND DIRECTOR			lgent signature requ	ired when reinstrong)	DATE	ECIAD	e ini 10
12.	PD	JENS AND DIRECTOR	DELETE			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	MCDONALD, REX			12 NAM					
STREET ADDRESS	11569 HWY 87 N.				ET ADDRESS				
CITY-ST-ZIP	MILTON FL			1.4 CITY	- S1 - Z(P				
TITLE	VO		I I toronore						1 1 4 1 1111
NAME			L DEFFTE	2.1 1/11.6				Change	Addition
STREET ADDRESS	MCDONALD, SCOTT		€ DESTIF	2.2 NAM	E			Change	Addition
	201 OREO DR.		T DETENT	2.2 NAMI 2.3 STRE	E ET ADDRESS			Change	Addilion
CITY-ST-ZIP	201 OREO DR. MOLINO FL		DETETE	2.2 NAM 2.3 STRE	E FT ADDRESS 7-ST-ZIP			Change Change	Addition
	201 OREO DR.			2.2 NAM 2.3 STHE 2.4 CITY	E FT ADDRESS (-ST-ZIP			<i></i>	
CITY-ST-ZIP TITLE	201 OREO DR. MOLINO FL STD WEEKLEY, MARSHA 5762 MELROSE DR.			2.2 NAM 2.3 STHE 2.4 CITY 3.1 TITLE 3.2 NAM	E FT ADDRESS (-ST-ZIP			<i></i>	
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Information indicated on this annuant 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 objection 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.