

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # 272222 (1)
1. Corporation Name
PROVENZANO ENTERPRISES, INC.



Principal Place of Business

4099 TAMiami TRAIL
NAPLES FL 33940

Mailing Address

292 5TH ST., NORTH
NAPLES FL 33940
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/26/1963

3a. Date of Last Report

02/22/1995

4. FEI Number

59-1024797

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

ROGERS, WALTER R
4099 TAMiami TRAIL, N
NAPLES, FL
33940

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 607.1508, 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 of person authorized to change Registered Office or Registered Agent

(If 11c Registered Agent Signature Required When Transferring)

DATE

12.

OFFICERS AND DIRECTORS

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.7 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.8 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.9 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
PROVENZANO, THOMAS A
292 5TH STREET NORTH
NAPLES, FL 00000
SD
PROVENZANO, FLORENCE
292 5TH STREET NORTH
NAPLES FL
T
PROVENZANO, FLORENCE
292 5TH STREET NORTH
NAPLES FL

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(k), 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: *Thomas A. Provenzano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96
Date

941-261-7546
Daytime Phone #

CR2E034 (12/95)