

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:14

DOCUMENT # 398388 (9)

1. Corporation Name

PENINSULA DESIGN AND ENGINEERING, INC.

Principal Place of Business

9720 PRINCESS PALM AVE
STE 106
TAMPA FL 33619

Mailing Address

9720 PRINCESS PALM AVE
STE 106
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

03/30/1972

3a. Date of Last Report

02/04/1994

4. FBI Number

59-1374847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ED SAVITZ
220 S. FRANKLIN ST.
TAMPA FL 33602

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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	GILBERT, JOHN F JR
STREET ADDRESS	9720 PRINCESS PALM AVE
CITY- ST- ZIP	TAMPA FL
TITLE	P
NAME	SHEPHERD, ROBERT C.
STREET ADDRESS	9720 PRINCESS PALM AVE
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	BOTTONE, PETER J
STREET ADDRESS	9720 PRINCESS PALM AVE
CITY- ST- ZIP	TAMPA FL
TITLE	VAS
NAME	BELLUCCIA, ALFONSO A
STREET ADDRESS	9720 PRINCESS PALM AVE
CITY- ST- ZIP	TAMPA FL
TITLE	V
NAME	WHITMAN, ROBERT L
STREET ADDRESS	9720 PRINCESS PALM AVE
CITY- ST- ZIP	TAMPA FL
TITLE	S
NAME	GRIFFITHS, ROBERT W
STREET ADDRESS	9720 PRINCESS PALM AVE
CITY- ST- ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 incorporator or initial shareholder of the corporation as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

1-17-95

813-626-5400

Date

Telephone #