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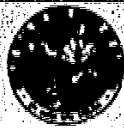
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 453802 (1)

1. Corporation Name
LO-VAL, INC.

Principal Place of Business Mailing Address

1907 ALDER WAY BRANDON FL 33510 **1907 ALDER WAY BRANDON FL 33510**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/29/1974** 3a. Date of Last Report **07/12/1994**

4. FEI Number **59-1555169** 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**

7. This corporation has liability for intangible tax under S. 169.032, 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

LO SCALZO, VINCENT
1507 ALDER WAY
BRANDON FL 33510

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE **PTD**

NAME **LO SCALZO, VINCENT**

STREET ADDRESS **1507 ALDER WAY**

CITY - ST - ZIP **BRANDON, FLORIDA 00000-33510**

TITLE **SD**

NAME **LO SCALZO, BESSIE**

STREET ADDRESS **1507 ALDER WAY**

CITY - ST - ZIP **BRANDON, FLORIDA 00000**

TITLE **VD**

NAME **LA PERNA, STEVEN D**

STREET ADDRESS **4914 SOUTHBREEZE DR**

CITY - ST - ZIP **TAMPA, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition

1.2 NAME **LO SCALZO, VINCENT**

1.3 STREET ADDRESS **1507 ALDER WAY**

1.4 CITY - ST - ZIP **BRANDON, FLORIDA 00000 33510**

2.1 TITLE **V** Change Addition

2.2 NAME **MONTE, DOMINIC VINCENT**

2.3 STREET ADDRESS **21725 OCEANPINE DRIVE**

2.4 CITY - ST - ZIP **LAND O' LAKES, FLORIDA 34639**

3.1 TITLE **ST** Change Addition

3.2 NAME **MONTE, VINCENT GEORGE**

3.3 STREET ADDRESS **21725 OCEANPINE DRIVE**

3.4 CITY - ST - ZIP **LAND O' LAKES, FLORIDA 34639**

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 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: Vincent Lo Scalzo 4-17-95 813-286-8882

SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR Date (Type/print name)

Vincent Lo Scalzo