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95 MAY - 1 PH 4: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***200.00 ***200.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **496123** (1)

1. Corporation Name
JOSEPH SERPICO REALTY, INC.

Principal Place of Business Mailing Address
1853 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 **1853 CAPITAL CIRCLE NE TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/06/1976	06/30/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1648278	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
SERPICO, JOSEPH 2140 ORLEANS DR. TALLAHASSEE FL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	FL B5 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: *Joseph Serpico* DATE: 5-6-95

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY - ST - ZIP	14 CITY - ST - ZIP		
PD SERPICO, JOSEPH 2140 ORLEANS DR TALLAHASSEE FL			
TITLE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY - ST - ZIP	24 CITY - ST - ZIP		
TITLE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY - ST - ZIP	34 CITY - ST - ZIP		
TITLE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY - ST - ZIP	44 CITY - ST - ZIP		
TITLE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY - ST - ZIP	54 CITY - ST - ZIP		
TITLE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY - ST - ZIP	64 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 119.07(3)(b), 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: *Joseph Serpico* DATE: 5/1/95

804-942-0580