FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 502527 (5)

1. Corporation Name
LOMBARDO & SKIPPER, INC.

Principal Place of Business	Mailing Address
825 4TH STREET WEST BOX 188 PALMETTO FL 34220-0188 US	825 4TH STREET WEST BOX 188 PALMETTO FL 34220-0188 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1976
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip 29: 34220-0188 / Country — 30

4. FEI Number: 59-1669176 ☐ 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

LOMBARDO, ROBERT J.
825 4TH STREET WEST
PALMETTO FL 34221

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	11 TITLE		☐ Change ☐ Addition
NAME	LOMBARDO, ROBERT J.	12 NAME		
STREET ADDRESS	2385 LANDINGS CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP		
TITLE	DVS	21 TITLE	VD	☒ Change ☐ Addition
NAME	SKIPPER, JAN L.	22 NAME		
STREET ADDRESS	604 19TH ST W.	23 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	VDS	☐ Change ☒ Addition
NAME		32 NAME	John R. Foley	
STREET ADDRESS		33 STREET ADDRESS	7907 18th Avenue West	
CITY-ST-ZIP		34 CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I 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)(i), 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: _____ 2/27/95 813-722-4561
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert J. Lombardo

0444447 FP