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 APR 10 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **542981** **(6)**

1. Corporation Name

A J GIAMMANCO & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
RT 6 BOX 972 PALATKA FL 32177	RT 6 BOX 972 PALATKA FL 32177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/15/1977**
3a. Date of Last Report: **02/04/1994**

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 / Country — 30

4. FEI Number: **59-1772678** ☐ 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

GIAMMANCO, SHIRLEY E
275 RIVER DR

E PALATKA FL 32131

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE	C/S/T/D	☒ Change ☐ Addition
NAME	GIAMMANCO, SHIRLEY E	12 NAME	GIAMMANCO, SHIRLEY E.	
STREET ADDRESS	275 RIVER DR	13 STREET ADDRESS	275 RIVER DRIVE	
CITY-ST-ZIP	E PALATKA FL	14 CITY-ST-ZIP	E. PALATKA, FL. 32131	
TITLE	PD	21 TITLE	P	☐ Change ☒ Addition
NAME	GIAMMANCO, ANGELO J	22 NAME	DU LIN, JOHN W.	
STREET ADDRESS	275 RIVER DR	23 STREET ADDRESS	RT. 4 BOX 1734(TIMBER CROSSING)	
CITY-ST-ZIP	E PALATKA FL	24 CITY-ST-ZIP	PALATKA, FL. 32177	
TITLE		31 TITLE	V	☐ Change ☒ Addition
NAME		32 NAME	GIAMMANCO, ANDREW C.	
STREET ADDRESS		33 STREET ADDRESS	105 THICKET LANE	
CITY-ST-ZIP		34 CITY-ST-ZIP	PALATKA, FL. 32177	
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		

83 4/10

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)(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: John W Du Lin 1/4/95 (904) 328-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0019066 CP