

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 579341 (9)

1. Corporation Name

DEMAIO & SONS, INC.



Principal Place of Business

Mailing Address

1208 S MYRTLE AVE
CLEARWATER FL 34616
US

214 A HOWARD DR.
BELLEAIR BEACH FL 34635

3. Date Incorporated or Qualified 07/18/1978 3a. Date of Last Report 03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 124 BOUTH AVE.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-1837514 Applied For Not Applicable

22 City & State Clearwater FL

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 34615 Country Pinellas

28 Zip 34634 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34615 25 Pinellas

29 34634 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMAIO CHRISTOPHER J.
214 A HOWARD AVE.
BELLEAIR BEACH, FL
CLEARWATER FL 34635

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 of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DEMADIO, CHRISTOPHER J.
STREET ADDRESS 214 A HOWARD DR
CITY-STATE-ZIP BELLEAIR BCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE STD
NAME DEMADIO, CHRISTOPHER J. JR
STREET ADDRESS 214 A HOWARD DRIVE
CITY-STATE-ZIP BELLEAIR BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VD
NAME DEMADIO, MICHAEL A.
STREET ADDRESS BUGLE
CITY-STATE-ZIP CLEARWATER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/10/96 813-595-2996

CR2E034 (12/95)