

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 # 638408 (5)

1. Corporation Name

A.M. PEDONE REALTY, INC.



Principal Place of Business

1100 NORTH 50TH STREET
UNIT 4D
TAMPA FL 33619
US

Mailing Address

1100 NORTH 50TH STREET
UNIT 4D
TAMPA FL 33619
US

2. Principal Place of Business

21 4335 KETTERING RD

Suite, Apt. #, etc.

22

City & State

23 Brooksville, FL

24 34602

Country

25 HERNANDO

2a. Mailing Address

26 4335 KETTERING RD

Suite, Apt. #, etc.

27

City & State

28 Brooksville, FL

29 34602

Country

30 HERNANDO

3. Date Incorporated or Qualified

10/03/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2039085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

PEDONE, ALBERT M.
1100 NORTH 50TH STREET
UNIT 4D
TAMPA FL 33619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4335 KETTERING RD.

84

City Brooksville

FL

85

Zip Code 34602

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

Albert M. Pedone

ALBERT M. PEDONE

DATE 3/14/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PEDONE, A M
STREET ADDRESS 1100 NORTH 50TH STREET, UNIT 4D
CITY - ST - ZIP TAMPA FL

TITLE D ☐ DELETE

NAME PEDONE, LEE K
STREET ADDRESS 3474 KETTERING RD
CITY - ST - ZIP BROOKSVILLE FL

TITLE D ☐ DELETE

NAME PEDONE, PHILLIP J
STREET ADDRESS 379 PARKER AVE., SUITE 101
CITY - ST - ZIP ROCHESTER NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

4335 KETTERING RD.
BROOKSVILLE, FL. 34602

1263 PARK AVE.
ROCHESTER, N.Y. 14610

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:

Albert M. Pedone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 904-796-5646
Date Daytime Phone

CR2E034 (12/95)