

FILE NOW: FILING FEE AFTER MAY 1 IS \$552.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

638408
A. M. PEDONE Realty, Inc.

Principal Place of Business

4335 Kettering RD
Brooks ville, FL 34602
US

Mailing Address

4335 Kettering RD
Brooks ville, FL 34602
US

3. Date Incorporated or Qualified

10/3/79

3a. Date of Last Report

3/14/96

4. FEI Number

59-2039085

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

10. Name and Address of New Registered Agent

PEDONE, ALBERT M.
4335 Kettering RD
Brooks ville, FL 34602

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 person named in 9. If registered agent and local applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PEDONE, A.M.
STREET ADDRESS 4335 Kettering RD
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE ☐ DELETE

NAME PEDONE, Lee, K.
STREET ADDRESS 3474 Kettering RD
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE ☐ DELETE

NAME PEDONE, Philip J.
STREET ADDRESS 1263 PARK AVE
CITY-ST-ZIP ROCHESTER, N.Y.

TITLE ☐ DELETE

NAME PEDONE, A.M.
STREET ADDRESS 4335 Kettering RD
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I declare by certifying that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, President 4/3/97 352-796-5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT M. PEDONE, PRESIDENT

Date

Daytime Phone #

CR2E034 (9/96)