

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 647845

(7)

1. Corporation Name:

BUDDY VERDI ORCHESTRAS, INC.

Principal Place of Business

1437 GULF TO BAY BLVD., #2
CLEARWATER FL 34615

Mailing Address

1437 GULF TO BAY BLVD., #2
CLEARWATER FL 34615



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VERDI, JOSEPH P. "BUDDY"
1437 GULF TO BAY BOULEVARD, #2
CLEARWATER FL 34615

3. Date Incorporated or Qualified

12/11/1979

3a. Date of Last Report

04/28/1995

4. FEI Number

59-1984575

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

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 607.0700 and 607.1506, 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 provisions of, Section 607.0700, Florida Statutes.

SIGNATURE

Signature of person who is registered agent or director of corporation

Signature of person who is registered agent or director of corporation

Signature of person who is registered agent or director of corporation

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: PD
VERDI, JOSEPH P. "BUDDY"
STREET ADDRESS: 1437 GULF TO BAY BV #2
CITY-STATE: CLEARWATER FL

2. TITLE ☐ DELETE

NAME: ST
METZLER, HARRIETTE B.
STREET ADDRESS: 1437 GULF TO BAY BLVD #2
CITY-STATE: CLEARWATER FL

3. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

4. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

5. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

6. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

7. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE:

5. TITLE:

6. NAME:

7. STREET ADDRESS:

8. CITY-STATE:

9. TITLE:

10. NAME:

11. STREET ADDRESS:

12. CITY-STATE:

13. TITLE:

14. NAME:

15. STREET ADDRESS:

16. CITY-STATE:

17. TITLE:

18. NAME:

19. STREET ADDRESS:

20. CITY-STATE:

21. TITLE:

22. NAME:

23. STREET ADDRESS:

24. CITY-STATE:

25. TITLE:

26. NAME:

27. STREET ADDRESS:

28. CITY-STATE:

29. TITLE:

30. NAME:

31. STREET ADDRESS:

32. CITY-STATE:

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)(a), 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

4/15/96 813 4613865

CR2E034 (12/95)