

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 28 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 653729

(4)

1. Corporation Name

1043 GRANADA CREPE, INC.

Principal Place of Business

142 E. GRANADA BLVD
ORMOND BEACH FL 32176

Mailing Address

142 E. GRANADA BLVD
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1980

3a. Date of Last Report

05/01/1994

4. FBI Number

50-1970343

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

7. This Corporation has liability for intangible tax under S. 185.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELZOTTI, DAVID F
63 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174

81 Name

DAVID F. DELZOTTI

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

63 Carriage Creek Way

83

Ormond Beach, FL 32174

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, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

NAME

DELZOTTI, FRANK C.

STREET ADDRESS

715 CANDLEWOOD CR.

CITY ST ZIP

ORMOND BCH. FL

TITLE

VPT

NAME

DELZOTTI, ROSEMARY

STREET ADDRESS

715 CANDLEWOOD CR.

CITY ST ZIP

ORMOND BCH. FL

TITLE

VP

NAME

DELZOTTI, DAVID F.

STREET ADDRESS

63 CARRIAGE CREEK WAY

CITY ST ZIP

ORMOND BCH. FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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

☒ Change ☐ Addition

☐ Change ☐ Addition

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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 110.07(3)(b), 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 on Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE

David F. Delzotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David F. Delzotti

4/18/95

904-673-1999