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
1995 MAY -1 PM 7:29
FLORIDA

DOCUMENT # **686977** **(0)**

1. Corporation Name
R.L. FINOTTI CORP.

Principal Place of Business	Mailing Address
7619 WASHINGTON STREET P.O. BOX 597 PORT RICHEY FL 34673	7619 WASHINGTON STREET P.O. BOX 597 PORT RICHEY FL 34673

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/09/1980**
3a. Date of Last Report: **10/27/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-2024657**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

FINOTTI, ROBERT L
7619 WASHINGTON STREET
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: DIANNE F. FINOTTI
82 Street Address (P.O. Box Number is Not Acceptable): 7619 WASHINGTON STREET
83
84 City: PORT RICHEY **FL** 85 Zip Code: 34668

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: Dianne F. Finotti PRESIDENT DIANNE F. FINOTTI 4/18/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	FINOTTI, ROBERT L	12 NAME		
STREET ADDRESS	7619 WASHINGTON ST.	13 STREET ADDRESS	FINOTTI, DIANNE F 7619 WASHINGTON ST	
CITY-ST-ZIP	PORT RICHEY FL	14 CITY-ST-ZIP	PORT RICHEY FL	
TITLE	STD	21 TITLE	STD	☐ Change ☐ Addition
NAME	FINOTTI, DIANNE F	22 NAME		
STREET ADDRESS	7619 WASHINGTON ST.	23 STREET ADDRESS	FINOTTI, DIANNE F. 7619 WASHINGTON ST	
CITY-ST-ZIP	PORT RICHEY FL	24 CITY-ST-ZIP	PORT RICHEY, FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	TAW 5-1-95	☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	NC Deposited By Bank	

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)(i), 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: Dianne F. Finotti DIANNE F FINOTTI PRESIDENT 4/18/95 813-847-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480766 FP