

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702812 (9)
1. Corporation Name
COLUMBIAN CORPORATION OF LARGO INC



Principal Place of Business Mailing Address
P.O. BOX 502 P.O. BOX 502
LARGO FL 34649 LARGO FL 34649

3. Date Incorporated or Qualified 08/21/1961 3a. Date of Last Report 02/28/1995

2. Principal Place of Business 2a. Mailing Address
21 1021 West Bay Dr. 26 Same as Above
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 LARGO, FL. 27 LARGO, FL.
City & State City & State
23 34640 24 ANILLAS 29 30

4. FEI Number 59-1055930 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

O'DONNELL, JOHN J deceased
3141 HIBISCUS DR., W.
BELLEAIR BEACH FL 34635

81 Name MICHAEL LA CAVA
82 Street Address (P.O. Box Number is Not Acceptable) 3891 LA COSTA LANE
83
84 City LARGO, FL 85 Zip Code 34641

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE *Michael La Cava*
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 ☐ DELETE
NAME P IERSON, RONALD
STREET ADDRESS 1932 GULFVIEW DR
CITY-ST-ZIP BELLEAIR FL
TITLE ☐ DELETE
NAME V LORICCO, JOHN
STREET ADDRESS 5777 OAKHURST DRIVE
CITY-ST-ZIP SEMINOLE FL
TITLE ☐ DELETE
NAME T ARREDANDO, BENITO B
STREET ADDRESS 1774-58TH ST N
CITY-ST-ZIP ST. PETERSBURG FL
TITLE ☐ DELETE
NAME SD DICKERSON, ROBERT
STREET ADDRESS 1307 MELROSE AVE., S.
CITY-ST-ZIP ST. PETERSBURG FL 33705
TITLE ☐ DELETE
NAME D SCOTT, SR., JOHN E
STREET ADDRESS 2131 RIDGE RD., S., #B-12
CITY-ST-ZIP LARGO FL 34648
TITLE ☐ DELETE
NAME D BETTS, LESTER
STREET ADDRESS 10163- 62 CIRCLE NORTH
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P LA CAVA MICHAEL
1.3 STREET ADDRESS 3891 LA COSTA LN.
1.4 CITY-ST-ZIP LARGO, FL. 34641
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VICE PRES. GILBERT JAMES
2.3 STREET ADDRESS 410 24th St. No.
2.4 CITY-ST-ZIP St. Petersburg, FL 33713
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S ROBERT DICKERSON
3.3 STREET ADDRESS 1307 Melrose Ave. S.
3.4 CITY-ST-ZIP St. Petersburg, FL 33705
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME TEBBURY DAVID DUMONT
4.3 STREET ADDRESS 2638 OAKWOOD DR.
4.4 CITY-ST-ZIP LARGO, FL 34641
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D Mello, LARRY
5.3 STREET ADDRESS 1407 21st St SW
5.4 CITY-ST-ZIP LARGO, FL 34640
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Dumont*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96
Date

531-0905
Daytime Phone

CR2E037 (12/95)