FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F16179** **(6)**

1. Corporation Name

DE VITO & SONS, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH DE VITO. JR. 926 SE 14TH AVENUE CAPE CORAL FL 33990	C/O JOSEPH DE VITO. JR. 926 SE 14TH AVENUE CAPE CORAL FL 33990

3. Date Incorporated or Qualified: **01/26/1981**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2063866** 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

DE VITO, JOSEPH JR
926 SE 14TH AVENUE
CAPE CORAL FL 33990

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 607.0502 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TOMALO, BARBARA R		12 NAME	
STREET ADDRESS	927 SE 17TH STREET		13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	TOMALO, JOHN		22 NAME	
STREET ADDRESS	927 SE 17TH STREET		23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DEVITO, CYNTHIA A		32 NAME	
STREET ADDRESS	2515 S.E. 19TH AVE.		33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DEVITO, DOROTHY R		42 NAME	
STREET ADDRESS	719 EL DORADO PKWY, W		43 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000		44 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	DEVITO JR, JOSEPH		52 NAME	
STREET ADDRESS	2515 S.E. 19TH AVE.		53 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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 added by this report.

SIGNATURE: Cynthia DeVito Treasurer 4-23-96 941-574-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cynthia DeVito