

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # F16179

(6)

1. Corporation Name

DE VITO & SONS, INC.



Principal Place of Business

C/O JOSEPH DE VITO, JR.
926 SE 14TH AVENUE
CAPE CORAL FL 33990

Mailing Address

C/O JOSEPH DE VITO, JR.
926 SE 14TH AVENUE
CAPE CORAL FL 33990-3020

3. Date Incorporated or Qualified

01/26/1981

3a. Date of Last Report

05/01/1996

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME TOMALO, BARBARA R
STREET ADDRESS 927 SE 17TH STREET
CITY-ST-ZIP CAPE CORAL FL

TITLE VD ☐ DELETE
NAME TOMALO, JOHN
STREET ADDRESS 927 SE 17TH STREET
CITY-ST-ZIP CAPE CORAL FL

TITLE T ☐ DELETE
NAME DEVITO, CYNTHIA A
STREET ADDRESS 2515 S.E. 19TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE S ☐ DELETE
NAME DEVITO, DOROTHY R
STREET ADDRESS 719 EL DORADO PKWY, W
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE DP ☐ DELETE
NAME DEVITO JR, JOSEPH
STREET ADDRESS 2515 S.E. 19TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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:

Cynthia A. DeVito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-97 941-574-4522

Date

Daytime Phone

0404814

CR2E034 (9/96)