

1-27-97 B-0183 -C

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

FILED

Jan 27 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F65402 (2)

1. Corporation Name
CONSERV. INC.

Principal Place of Business

4891 ANGUS RD.
POLK CITY FL 33868
US

Mailing Address

4891 ANGUS RD.
POLK CITY FL 33868-8550
US

2. Principal Place of Business

21 15590 ANGUS ROAD

Suite, Apt. #, etc.

22

City & State
23 POLK CITY, FLZip
24 33868Country
25 USA

2a. Mailing Address

26 15590 ANGUS ROAD

Suite, Apt. #, etc.

27

City & State
28 POLK CITY, FLZip
29 33868Country
30 USA

3. Date Incorporated or Qualified

02/01/1982

3a. Date of Last Report

03/18/1996

4. FEI Number

13-3105449

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CMP
VIGNATI, FRANCESCO
4891 ANGUS RD.
POLK CITY FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESPOSITO, GIANFRANCO
VIA MEDICI DEL VASCELLO 40/C
MILANO IT☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
SPITALERI, SALVATORE
VIA MEDICI DEL VASCELLO 40/C
MILANO IT☒ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
SNOWDEN, SAMUEL T
4891 ANGUS RD.
POLK CITY FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
C/M/P
VIGNATI, FRANCESCO
15590 ANGUS ROAD
POLK CITY FL 33868☒ Change☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D
ESPOSITO, GIANFRANCO
VIA MEDICI DEL VASCELLO 40/C
MILANO ITALY 20138☒ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
S/T/D
CHIARITO, ALDO
VIA MEDICI DEL VASCELLO 40/C
MILANO ITALY 20138☐ Change☒ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
AS
SNOWDEN, SAMUEL T
15590 ANGUS ROAD
POLK CITY FL 33868☒ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change☐ Addition

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:

FRANCESCO VIGNATI

1/14/97

(941) 984-4344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

0004773

CR2E034 (9/96)