

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

RECEIVED
DIVISION OF CORPORATIONS
5/10/95 - 1 11:19

DOCUMENT # F69611 (4)
1. Corporation Name
ITM INVESTMENT, INC.

Principal Place of Business: **P.O. BOX 5017 LARGO FL 34649**
Mailing Address: **P.O. BOX 5017 LARGO FL 34649**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1982	3a. Date of Last Report 04/26/1994
21. State, Apt. #, etc.	22. City & State	23. Zip	24. County	4. FID Number 59-2738049	Applied For Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. County	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
29. State, Apt. #, etc.	30. City & State	31. Zip	32. County	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**TUBOLINO, ANTHONY T
3428-US 19
HOLIDAY FL 34690**

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 601.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Person Requesting Change)

(Signature of Registered Agent or Person Requesting Change)

ATTEST

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P TUBOLINO, ANTHONY SR 13404-116TH AVE. LARGO FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	ST TUBOLINO, PHILLIS 13404 116TH AVE. LARGO FL	2. NAME	☐ Change ☐ Addition
CITY & STATE	D MESSIER, GINNY 10 SPRUCE ST. ST. ALBANS VT	3. NAME	☐ Change ☐ Addition
ZIP	D BEAUGREGARD, TERESA 10 FIRST ST. SWANSON VT	4. NAME	☐ Change ☐ Addition
NAME	M TUBOLINO, ANTHONY JR 3428-US 19 HOLIDAY FL	5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	☐ Change ☐ Addition
CITY & STATE		7. NAME	☐ Change ☐ Addition
ZIP		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	☐ Change ☐ Addition
CITY & STATE		11. NAME	☐ Change ☐ Addition
ZIP		12. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption subject to Section 199.027, 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. I am a resident of the State of Florida and I am the owner or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13 if I am being added, or on an attachment with an address.

SIGNATURE:

Anthony Tubolino
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

6-10-95 8138430864

CR2E034 (3/95)