

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 # 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

3. Date Incorporated or Qualified  
03/04/1982

3a. Date of Last Report  
05/01/1995

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

24

25

29

30

4. FEI Number  
59-2738049

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

TUBOLINO, ANTHONY T  
5147 MARINE PARKWAY, SUITE C  
NEW PORT RICHEY, FL 34652

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 P ☐ DELETE  
NAME TUBOLINO, ANTHONY SR  
STREET ADDRESS 13404-116TH AVE.  
CITY-ST-ZIP LARGO FL

TITLE ST ☐ DELETE  
NAME TUBOLINO, PHILLIS  
STREET ADDRESS 13404 116TH AVE.  
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE  
NAME MESSIER, GINNY  
STREET ADDRESS 10 SPRUCE ST.  
CITY-ST-ZIP ST. ALBANS VT

TITLE D ☐ DELETE  
NAME BEAUGREGARD, TERESA  
STREET ADDRESS 10 FIRST ST.  
CITY-ST-ZIP SWANSON VT

TITLE M ☐ DELETE  
NAME TUBOLINO, ANTHONY JR  
STREET ADDRESS 3428-US 19  
CITY-ST-ZIP HOLIDAY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME TUBOLINO, ANTHONY SR  
1.3 STREET ADDRESS 13404-106TH AVE  
1.4 CITY-ST-ZIP LARGO, FL 34649

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME TUBOLINO, PHYLLIS  
2.3 STREET ADDRESS 13404-106TH AVE  
2.4 CITY-ST-ZIP LARGO, FL 34649

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME MESSIER, GINNY  
3.3 STREET ADDRESS 10 SPRUCE ST  
3.4 CITY-ST-ZIP ST. ALBANS, VT

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME BEAUGREGARD, TERESA  
4.3 STREET ADDRESS 10 FIRST ST  
4.4 CITY-ST-ZIP SWANSON, VT

5.1 TITLE M ☒ Change ☐ Addition  
5.2 NAME TUBOLINO, ANTHONY JR  
5.3 STREET ADDRESS 5147 MARINE PARKWAY, SUITE C  
5.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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

SIGNATURE: Anthony T Tubolino Anthony T Tubolino 4-26-96 813-843-0064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)