

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **F70454**

(6)

1. Corporation Name

OLD BRIDGE, INCORPORATED

55 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~120 S. OLIVE AVE., SUITE 317
WEST PALM BEACH FL 33401~~

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WEST PALM BEACH FL 33401~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1982

3a. Date of Last Report

03/25/1994

2. Principal Place of Business

2b. Mailing Address

21 **7950 Central Industrial Drive**

26 **7950 Central Industrial Drive**

4. FET Number

59-2202448

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

22 **#101**

27 **#101**

23 **Riviera Beach, FL**

28 **Riviera Beach, FL**

24 **33404**

25

29 **33404**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MININNI, ANTONIO
7950 CENTRAL INDUSTRIAL DRIVE #101
RIVIERA BEACH FL 33404**

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 the 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME **P MININNI, ANTONIO**
STREET ADDRESS **7950 CENTRAL INDUSTRIAL DR. #101**
CITY **RIVIERA BEACH FL**

14. FET Number **P, S, D** ☐ Change ☒ Addition

15. FET Number **33404** ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY

16. FET Number ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY

17. FET Number ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY

18. FET Number ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY

19. FET Number ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY

20. FET Number ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information included 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, as an officer or director of a Florida corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPE THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

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