

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

PROFIT CORPORATION ANNUAL REPORT



FILED
00 SEP -8 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000004035

1. Corporation Name
GIULIANI ASSOCIATES, INC.

Principal Place of Business
820 ALBEE RD
#6
NOKOMIS FL 34275
US

Mailing Address
820 ALBEE RD
#6
NOKOMIS FL 34275-
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1993

2. Principal Place of Business

2a. Mailing Address

21 N/A
Suite, Apt. #, etc.

26 N/A
Suite, Apt. #, etc.

4. FEI Number

22-2278583

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSTON, CHARLES
C/O TAYLOR, DAY & RIO
10 SOUTH NEWNAN STREET
JACKSONVILLE FL 32202

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GIULIANI, JOSEPH A
STREET ADDRESS 1136 RUISDAEL CIR.
CITY-ST-ZIP NOKOMIS FL

1.1 TITLE

Change Addition

TITLE VP
NAME GIULIANI, PHILLIP W
STREET ADDRESS 426 CROSS ST.
CITY-ST-ZIP N. FT. MYERS FL

2.1 TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

Change Addition

300003398283--3
-09/19/00--01065--001

***\$550.00 ***\$550.00

14. I 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. 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, with all other like empowered.

SIGNATURE:

Joseph A. Giuliani

8-6-00

941-484-9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Optional Phone #