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FILED

Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000003026 (1)

1. Corporation Name

LOPARDO LAND COMPANY, INC.



Principal Place of Business

Mailing Address

3907 OLD WILLIAM PENN HIGHWAY  
MURRYSVILLE PA 15668

P.O. BOX 220  
MURRYSVILLE PA 15668-0220  
US

2. Principal Place of Business

2a. Mailing Address

21 3102 TreeLine Drive  
Suite Apt #, etc

26 Suite Apt #, etc

22 City & State

27 City & State

23 Murrysville PA  
Zip Country

28 Zip Country

24 15668

29

30

9. Name and Address of Current Registered Agent

NAPOLEON, DANIEL  
672 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

03/19/1996

4. FEI Number

25-1721521

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

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 on pre-printed name of registered agent and title. Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CD	COSTA, ALFONSO A	3907 OLD WILLIAM PENN HIGHWAY	MURRYSVILLE PA 15668	<input type="checkbox"/>
PVST	COSTA, ALFONSO A	3907 OLD WILLIAM PENN HIGHWAY	MURRYSVILLE PA 15668	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
		3102 TreeLine Drive	Murrysville PA 15668																				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-97

CR2E034 (9/96)