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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:03

DOCUMENT # G05963 (5)

1. Corporation Name
JOHN G. TROIANO, CORP.

Principal Place of Business	Mailing Address
988 BLVD OF THE ARTS APT 1009 SARASOTA FL 34239	988 BLVD OF THE ARTS APT 1009 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1982
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 435 Longboat Club Road	26 same as #2
Suite, Apt. #, etc. 22 K-805	Suite, Apt. #, etc. 27
City & State 23 Longboat Key, FL	City & State 28
Zip / Country 24 34228 / 25 Sarasota	Zip / Country 29 / 30

4. FEI Number: 11-2354321 ☐ 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
TROIANO, JOHN G. ~~988 BLVD. OF THE ARTS~~ ~~SARASOTA FL 34236~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 435 L'Ambiance Drive, K-805 83 84 City: Longboat Key, FL 85 Zip Code: 34228

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	TROIANO, JOHN G.	1.2 NAME	
STREET ADDRESS	~~988 BLVD. OF THE ARTS~~	1.3 STREET ADDRESS	435 L'Ambiance Drive, K-805
CITY-ST-ZIP	~~SARASOTA FL~~	1.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	DS	2.1 TITLE	☒ Change ☐ Addition
NAME	TROIANO, ANNA MARIA	2.2 NAME	435 L'Ambiance Drive, K-805
STREET ADDRESS	~~988 BLVD. OF THE ARTS~~	2.3 STREET ADDRESS	Longboat Key, FL 34228
CITY-ST-ZIP	~~SARASOTA FL~~	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: John G Troiano - Pres. JOHN G. TROIANO 1/31/95 813-954-4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341421 CP