

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **G24773**

(5)

1. Corporation Name

DIPASQUA ENTERPRISES, INC.

Principal Place of Business

**167 LOOKOUT PLACE
MAITLAND FL 32751**

Mail Address

**167 LOOKOUT PLACE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or reclassified
02/21/1983

3a. Date of Last Report
05/24/1994

2. Principal Officers and Directors

21

Name

2b. Mailed Address

26

Name

22

Name

27

Name

23

Name

28

Name

24

Name

25

Name

29

Name

4. FEI Number
59-2257596

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. 190.042,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIPASQUA, LUCY
167 LOOKOUT PLACE
MAITLAND FL 32751**

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 607.01 and 607.02, 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. Each change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY
PD DIPASQUA, LUCY 167 LOOKOUT PLACE MAITLAND FL		
VST DIPASQUA, PETER, JR. 167 LOOKOUT PLACE MAITLAND, FL 00000		
VD GANSSE, JEFF 167 LOOKOUT PLACE MAITLAND FL		

NAME	STREET ADDRESS	CITY

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 190.042, Florida Statutes. I further certify that the information furnished on the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or newly appointed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR