

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G33094** (5)

1. Corporation Name
PIASCIK, INC.



Principal Place of Business

C/O RICHARD J. PIASCIK
7305 U.S. 19
NEW PORT RICHEY FL 33562

Mailing Address

C/O RICHARD J. PIASCIK
7305 U.S. 19
NEW PORT RICHEY FL 33562

3. Date Incorporated or Qualified **04/13/1983** 3a. Date of Last Report **10/05/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **34652** 25 Country

28 Zip **34652** 30 Country

4. FEI Number **59-2376396** 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

PIASCIK, ROBERT A.
7295 TROPICAL DR.
SPRING HILL FL 34607

81 Name **Richard Piascik**
82 Street Address (P.O. Box Number is Not Acceptable) **7927 Orchid Lake Road**
83 **New Port Richey, FL 34653**
84 City 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 *Richard J. Piascik Pres.* 4/12/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD PIASCIK, RICHARD J.**
STREET ADDRESS **7924 ORCHID LAKE ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PM Piascik, Richard J.**
1.3 STREET ADDRESS **7927 Orchid Lake Road**
1.4 CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☐ DELETE
NAME **D PIASCIK, ROBERT A.**
STREET ADDRESS **7295 TROPICAL DR.**
CITY-ST-ZIP **SPRING HILL FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D Piascik, Robert A.**
2.3 STREET ADDRESS **7474 Baywood Forest Cir.**
2.4 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ DELETE
NAME **ST PIASCIK, GINA**
STREET ADDRESS **7927 ORCHID LAKE ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: *Gina L. Piascik* **Gina L. Piascik** April 12, 1996 813-845-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)