

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **G41113** (3)

1. Corporation Name

**WILLIAM T. MAYO, INC.**

Principal Place of Business

**% WILLIAM T. MAYO  
1548 LEE AVE  
TALLAHASSEE FL 32303**

Mailing Address

**% WILLIAM T. MAYO  
1548 LEE AVE  
TALLAHASSEE FL 32303**

APPROVED  
AND  
FILED

95 MAY -1 AM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

**05/26/1983**

3a. Date of Last Report

**03/17/1994**

4. FEI Number

**59-2308050**

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 damages for under 5, 1993  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

Zip

Locality

24

25

2a. Mailing Address

26

State Apt # etc

27

City & State

28

Zip

Locality

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAYO, WILLIAM T.  
1548 LEE AVE  
TALLAHASSEE FL 32303**

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, 607.02 and 607.03, Florida Statutes, this officer 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 this appointment as registered agent. I am familiar with and accept this appointment as required by Chapter 607, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Secretary of State)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| NAME           | DP               |
| STREET ADDRESS | MAYO, WILLIAM T. |
| CITY           | 1548 LEE AVE     |
| STATE          | TALLAHASSEE FL   |
| ZIP            |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY           |                  |
| STATE          |                  |
| ZIP            |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY           |                  |
| STATE          |                  |
| ZIP            |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY           |                  |
| STATE          |                  |
| ZIP            |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY           |                  |
| STATE          |                  |
| ZIP            |                  |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  |                                                                   |
| STATE          |  |                                                                   |
| ZIP            |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  |                                                                   |
| STATE          |  |                                                                   |
| ZIP            |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  |                                                                   |
| STATE          |  |                                                                   |
| ZIP            |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  |                                                                   |
| STATE          |  |                                                                   |
| ZIP            |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY           |  |                                                                   |
| STATE          |  |                                                                   |
| ZIP            |  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the last 1000 rules, Florida Statutes. I further certify that the information included on this annual report or supplement thereto 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 this corporation at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *William T. Mayo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (904) 222-4444

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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

06 MAY - 11 AM 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G42600**

(8)

To: Corporation Number

**CASABELLA DESIGNS, INC.**

Principal Place of Business

**5038 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064**

Mailing Address

**5038 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date first incorporated in this office  
**06/08/1983**

2a. Date of Last Report  
**08/15/1994**

2. Principal Place of Business

21

2b. Mailing Address

26

4. FCI Number  
**59-2298249**

Applied For  
Not Applicable

County, Apt. # etc.

22

County, Apt. # etc.

27

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

24

25

29

30

8. This corporation has failed to comply with section 609.12, Florida Statutes.  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIGGI, SALVATORE  
5038 N FED HWY  
LIGHTHOUSE FL 33064**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.01(2)(g) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered office 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 fully qualified and accept the appointment as set forth in section 607.15(1)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

**PS  
RIGGI, SALVATORE  
2820 NE 59 CT  
FT LAUDERDALE, FL 00000**

15. NAME

16. STREET ADDRESS

17. CITY, STATE, ZIP

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. NAME

22. STREET ADDRESS

23. CITY, STATE, ZIP

24. NAME

25. STREET ADDRESS

26. CITY, STATE, ZIP

27. NAME

28. STREET ADDRESS

29. CITY, STATE, ZIP

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. NAME

34. STREET ADDRESS

35. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and I agree that should the corporation be found to have violated any provision of the Florida Statutes, I shall be held liable for the information so furnished. I further certify that the information so furnished is the most recent and complete information available to me and is true and correct, and that my signature and the name of the officer or director of the corporation in the document or documents so furnished for consideration is required by Chapter 400, Florida Statutes, and that my name appears in Block 12 or Block 13 of the filing as an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING AS DIRECTOR

4-19-95

305 427-0212