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

**PROFIT** CORPORATION ANNUAL. REPORT



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

	1996								
	****								
DO	CU	М	Е	N	1-	Т	#		

G81987

(1)

THE A.G. MAURO COMPANY OF FLORIDA, INC.

Fancipal Place o	f Business	Mailing Address					51511 51511 41411 1551		
1105 SAND POND ROAD LAKE MARY FL 32746		1105 SAND POND ROAD LAKE MARY FL 32746							
					3. Date Incorporated or Qualified 11/28/1983	3a. Date of La 01/1	ast Report <b>8/1995</b>		
2. Principal Plac	e of Business	2a. Mailing Address			4. FFI Number	<u> </u>	Applied For		
21	· · - · · · · · · · · · · · · · · · · ·	26			59-2346564		Not Applicable		
Suite. Apt. #, 22	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	3.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Be Added to Fees		
Zφ	Country	Zip	Country		8. This corporation has liability for in				
24	25	29	30		Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered Agen	t		
MII FO F	DIOUADD D		"	Narrio					
	RICHARD P. IND POND ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable	θ)			
	ARY FL 32746		83						
			84	City		<b>E</b> 85	Zip Code		
11 Pursuant to	the resideigns of Sections 607 0502	and 607 1509. Elorida Statul	toc the above i	omed porpor	ration submits this statement for the purp	PL	ite venietored effice		
or registered	Lagent, or both, in the State of Florid and accept the obligations of, Section	ia. Such change was authoriz	zed by the com	oration's boar	rd of directors. I hereby accept the appo	intment as regis	tered agent. I am		
SIGNATURE .	or at inc. typied or printed name of registered agents	and the it approachle. (N)	OTE: Registered Ager	t signature require	d when reinstation	DATE			
12.	OFFICERS AND	·	13.	t agriculo require	ADDITIONS/CHANGES TO OFFI		CTORS IN 12		
THEF	DP	DELETE	1. 1 TITLE			☐ Cha	ange 🔲 Addition		
NAM:	MILES, RICHARD C		1.2 NAME						
STREET ADDRESS	1105 SAND POND ROAD		1.3 STREFT	ADDRESS					
C(1Y+\$1+7)P	LAKE MARY FL	* * *	1.4 CITY - S	T-ZIP					
THILE	DC	☐ DETELE	2 1 TITLE			Cha	ange 🗀 Addition		
NAME	MAURO, RAYMOND J.		2.2 NAME						
STREET ADDRESS	1105 SAND POND ROAD		23 STREET	1					
CHY SI ZIP	LAKE MARY FL ST	T) DELETE	2 4 CITY - S	T-7iP		F7 0b	ana (T) Addition		
TITLE NAME	MILES, RICHARD P.	☐ occeie	3 1 TITLE	Ì		☐ Cha	ange 🔲 Addition		
STREET ADDRESS	1105 SAND POND ROAD		3.2 NAME 3.3. STREE	1000000					
City-St-ZiP	LAKE MARY FL		3.4 CiTY - S	i					
THE	V	DELFTE	4. 1 TITLE	1-211		Cha	ange		
NAM:	MAURO, RAYMOND A.	<del></del>	4.2 NAME						
STREET ADDRESS	1105 SAND POND ROAD		43 STRFET	ADDRESS					
City Styzip	LAKE MARY FL		4.4 C(TY - \$	I-ZIP					
TITLE		☐ DELETE	5 1 TITLE			☐ Cha	ange 🔲 Addition		
NAM <sup>2</sup>			5.2 NAME						
STREET ADDRESS			5 3 STREET	ADDRESS (					
CHY-ST-ZIP			5.4 CITY-S	I-ZIP					
T ILF		☐ DELETE	6 1 TIFLE			☐ Cha	inge 🔲 Addition		
NAMF			62 NAME						
STREET ADDRESS			63 STREET	- 1					
14. I do hereby	certify that the information supplied v	vith this filma is val-intarily fun	nished and doe		or the exemption stated in Section 119.0	17/31/k) Florida S	Statutes I further		
certify that t	he information indicated on this annu	al report or supplemental and	nual report is tru	ie and accura	is report as required by Chapter 607, Fix	same legal effect	as if made under		

SIGNATURE:

YPED OR PHINTED NAME OF PIGNING OFFICER OR DIRECTOR

1-16-96

407 333.0500