FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

950 PATRICIA AVENUE

DUNEDIN FL 34898-6023

G91473

(0)

GIANCOLA HOLDING CORPORATION

			•	_

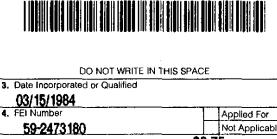
Mailing Address

850 PATRICIA AVENUE

DUNEDIN FL 34698-6023

May 05 1998 8:00am Secretary of State

FILED



					T 00/ 10/ 1007			
. Principal Place of Business		2a. Mailing Addr	2a. Mailing Address		4. FEI Number	Applied For		
]		26	6		59-2473180	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
<u> </u>		27	7		S. Continuate of Status Searred	Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
<u>, , , , , , , , , , , , , , , , , , , </u>		28			Trust Fund Contribution	Added to Fees		
Zip	Zip Country		Z _{IP} Country		8. This corporation owes or has paid the current year Intangible			
25		29	30		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CHANCOLA, EDWAND		8	1 Name	Name				
		8:	Street Address (P.O. Box Number is Not Acceptable)					
	•••		8:	3				
			8	4 City		85 Zip Code		
				1		<u> </u>		

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	Signature, typed or printed name of registered ugers and title if applicable.	(NO1E: Registered	Agent signature re	ouired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
TITLE	DP DEL	LETE 3.1 TI	TLE		☐ Change	Additio
NAME	GIANCOLA, EDWARD	1.2 N/	ME			
STREET ADDRESS	1567 RIVERDALE DR	1.3 \$1	REET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL	1.4 Ci	TY-ST-ZIP			
TITLE	DEL	LÉTE 2.1 TI	ILF		☐ Change	Addition
NAME		2.2 NA	IME			
STREET ADDRESS		2.3 \$1	reet address			
CITY-ST-ZIP		2. 4 C	ITY-ST-ZiP			
TITLE	☐ DEL	LETE 3.1 TO	rL E		☐ Change	Addition
NAME		3.2 NA	ME			
STREET ADDRESS		3.3 ST	REET ADDRESS			
CITY-ST-ZIP			TY-ST-ZIP			
TITLE	☐ DEL	.ETE 4.1 TII	LE .		☐ Change	Addition Addition
NAME		4. 2 N	AME			
STREET ADDRESS		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	_	4.4 CI	TY-ST-ZIP			
TITLE	☐ DEL	.ETE 5.1 TII	'LE		☐ Change	Addition
NAME		5.2 NA	ME			
STREET ADDRESS	:	5.3 ST	REET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		TY-ST-ZIP			_
TITLE	DEL	ETE 6.1 TI	LE		☐ Change	Addition
NAME		6.2 NA	ME			
STREET ADDRESS		6.3 ST	REFT ADDRESS			
A1734 AT 710						

14. I hereby certify that the information supplied with this filing 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 of 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 address.

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