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95 MAY -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



DEPARTMENT OF STATE
Jeffrey B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H09387

(2)

1. Corporation Name:

COSTANZA BUILDING COMPANY

Principal Place of Business:

**1964-C BAYSHORE BLVD
DUNEDIN FL 34698**

Mailing Address:

**1964-C BAYSHORE BLVD
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/21/1984

3a. Date of Last Report
02/07/1994

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FEI Number
59-2416806

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State:

City & State:

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

ZIP

Locality

ZIP

Locality

24

25

29

30

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

**COSTANZA, PETER C.
990 POINT SEASIDE DRIVE
CRYSTAL BEACH FL 34681**

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 607.0702 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 of the person named registered agent and the corporation

Signature of the registered agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	COSTANZA, PETER C.
3. STREET ADDRESS	65 KELLEY'S TRAIL
4. CITY, ST, ZIP	OLDSMAR FL
1. TITLE	VP
2. NAME	COSTANZA, JOHN M.
3. STREET ADDRESS	2700 BAYSHORE BLVD. U.537
4. CITY, ST, ZIP	DUNEDIN FL
1. TITLE	V
2. NAME	SOCKOL, PETER M
3. STREET ADDRESS	1585 BEVERLY DR
4. CITY, ST, ZIP	CLEARWATER FL
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☒ Addition
2. NAME	STD
3. STREET ADDRESS	Pete Costanza
4. CITY, ST, ZIP	P.O. Box 637
5. CITY, ST, ZIP	Ozona, FL 34660
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not equally for the exemption stated in Section 199.07(6)(b), Florida Statutes. I further certify that the information supplied with 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. I am an officer or director of the corporation or the tax owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I am not an attorney-at-law with an address.

SIGNATURE: *Pete Costanza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 81-723-7447
Chapter 607, Florida Statutes