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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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



3. Date Incorporated or Qualified

06/21/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 607.0502 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 agent or director

(Date Registered Agent signed this report) (Date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *Vice President/Director* ☐ DELETE  
NAME COSTANZA, PETER C.  
STREET ADDRESS 65 KELLEY'S TRAIL  
CITY-ST-ZIP OLDSMAR FL

TITLE *President/Director* ☐ DELETE  
NAME COSTANZA, JOHN M.  
STREET ADDRESS 2700 BAYSHORE BLVD.U.537  
CITY-ST-ZIP DUNEDIN FL

TITLE *V* ☐ DELETE  
NAME SOCKOL, PETER M  
STREET ADDRESS 1585 BEVERLY DR  
CITY-ST-ZIP CLEARWATER FL

TITLE *STD* ☐ DELETE  
NAME COSTANZA, PETE  
STREET ADDRESS P.O. BOX 637  
CITY-ST-ZIP OZONA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, changed, or on an attachment with an address.

SIGNATURE:

*Pete Costanza* Pete Costanza 4/17/96 813-733-7449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)