

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H09564

(6)

1. Corporation Name

A. P. DESALVO, INC.



Principal Place of Business

P.O. BOX 2293 (33959)
~~28071 VANDERBILT DR.~~
BONITA SPRINGS FL 33923

Mailing Address

P.O. BOX 2293 (33959)
~~28071 VANDERBILT DR.~~
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified
06/19/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3960 Via Del Rey

26 3960 Via Del Rey

4. FEI Number
59-2417086

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 Bonita Springs, FL

28 Bonita Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

24 33923 25 LEE

29 33923 30 LEE

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

DESALVO, A. P.
~~28071 VANDERBILT DR.~~
P.O. BOX 2293 (33959)
BONITA SPRINGS FL 33923

81 Name

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

3960 Via Del Rey

83

84 City

Bonita Springs

FL

85 Zip Code

33923

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DESALVO, A. P.
1425 REYNARD DR.
FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
ST
DESALVO, CATHY C.
1425 REYNARD DRIVE
FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 if changed, or on an attachment with an address.

SIGNATURE:

Cathy C. Desalvo, Sec. Treas. 4-26-96 944-992-12-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)