FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H15087 (0)

1. Corporation Name

FERRENTINO & SON, INC.

Principal Place of Business	Mailing Address
240-C S.W. 8TH ST. P.O. BOX 5758 OCALA FL 3447 US	240-C S.W. 8th P.O. BOX 5758 OCALA FL 34478-5758 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2467162 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FERRENTINO, BARBARA A
240-C S.W. 8th Street
Ocala, Florida 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 240-C S.W. 8th St.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☒ Change ☐ Addition
NAME	FERRENTINO, BARBARA	12 NAME		
STREET ADDRESS	555 S.W. 72ND LANE	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34476	14 CITY-ST-ZIP		34476
TITLE	VSD	21 TITLE		☒ Change ☐ Addition
NAME	FERRENTINO, EDWARD	22 NAME		
STREET ADDRESS	555 S.W. 72ND LANE	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34476	24 CITY-ST-ZIP		34476
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	OWENS, BRADLEY	32 NAME		
STREET ADDRESS	6584 S.E. 69TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472	34 CITY-ST-ZIP		34472
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	HALE, LINDA J	42 NAME		
STREET ADDRESS	4333 NE 22ND CT	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34479	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	FERRENTINO, JULIE S	52 NAME		
STREET ADDRESS	555 S.W. 72ND LANE	53 STREET ADDRESS	555 S.W. 72nd Lane	
CITY-ST-ZIP	OCALA FL 34476	54 CITY-ST-ZIP		34476
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	STEPPEN, THOMAS P	62 NAME		
STREET ADDRESS	3245 S.W. 46TH AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474	64 CITY-ST-ZIP		34474

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)(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 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: _____ 3/27/95 904/237-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA A. FERRENTINO, PRESIDENT

0467060 FP