

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H51215** (2)

1. Corporation Name
APMAT SERVICES, INC.



Principal Place of Business

1916 E. 136TH AVE.
PO BOX 82112
TAMPA FL 33682

Mailing Address

1916 E. 136TH AVE.
PO BOX 82112
TAMPA FL 33682

3. Date Incorporated or Qualified
04/08/1985

3a. Date of Last Report
01/26/1995

4. FEI Number
59-2513133

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

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMISANO JR., WILLIAM
1916 EAST 136TH AVENUE
TAMPA FL 33613**

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 of the person authorized to prepare this report (by check one)

(If the Registered Agent is not the same as the person filing)

Date

12. OFFICERS AND DIRECTORS

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**VD
PALMISANO, WILLIAM P. JR
1916 EAST 136TH AVENUE
TAMPA FL
PD
PALMISANO, CYNTHIA A.
1916 EAST 136TH AVENUE
TAMPA FL
STD
AUCCOIN, ALBERT J.
2130 VANDERVORT ROAD
LUTZ FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, STATE, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, STATE, ZIP
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, STATE, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, STATE, ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Palmisano

1/16/96

813 977 6414

CR2E034 (12/95)