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

# CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

94 AUG 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
J. DI MARCO, INC.

DOCUMENT # H51464 (6)

Mailing Address
4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34652

Principal Place of Business
4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34652

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/10/1985 | 3a. Date of Last Report: 05/01/1993 |
| 2. Mailing Address (21) | 2a. Principal Place of Business (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |
| 4. FEI Number: 59-1633937 | 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 |
| 7. Nonprofit Exempt from $138.75 Supplemental Fee ☐ | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

**9. Name and Address of Current Registered Agent**

MARCO JOHN D
4925 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

**10. Name and Address of New Registered Agent**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment - NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | P/D | 11 TITLE | |
| 12 NAME | DI MARCO, JOHN | 12 NAME | |
| 13 STREET ADDRESS | 1495 SEA FOREST DR. | 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | NEW PORT RICHEY FL | 14 CITY-ST-ZIP | |
| 21 TITLE | | 21 TITLE | |
| 22 NAME | | 22 NAME | |
| 23 STREET ADDRESS | | 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| 31 TITLE | | 31 TITLE | |
| 32 NAME | | 32 NAME | |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| 41 TITLE | | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 51 TITLE | | 51 TITLE | |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | | 54 CITY-ST-ZIP | $87 |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 64 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)(i), Florida Statutes. I release the Division of Corporations from any liability of any kind that may result from the release of this information supplied as deemed exempt from public access. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have published all obligations permitted to be published by Section 608.4101, Florida Statutes; and that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] John DiMarco Boca 8/5/94 609-662-5307
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE OR STATUS — DATE — TELEPHONE NUMBER