

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H77213

(7)

1. Corporation Name

MASSACHUSETTS AVENUE, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1985

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2589078

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

Principal Place of Business

**8406 MASSACHUSETTS AVENUE
SUITE B-1
NEW PORT RICHEY FL 34653**

Mailing Address

**8406 MASSACHUSETTS AVENUE
SUITE B-1
NEW PORT RICHEY FL 34653**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24

25

Country

28 Zip Country

29

Country

30

9. Name and Address of Current Registered Agent

**MARTIN, DANIEL N.
8406 MASSACHUSETTS AVE, SUITE B-1
NEW PORT RICHEY FL 34653**

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, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

MARTIN, DANIEL N.

STREET ADDRESS

8406 MASSACHUSETTS AVE

CITY-ST-ZIP

NEW PORT RICHEY FL

TITLE

VD

NAME

MINIERI, CARL

STREET ADDRESS

6709 RIDGE RD.

CITY-ST-ZIP

PORT RICHEY FL

TITLE

VD

NAME

HUDSON, JOHN E.

STREET ADDRESS

6709 RIDGE RD.

CITY-ST-ZIP

PORT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VD

☒ Change ☐ Addition

2.2 NAME

MINIERI, CARL

2.3 STREET ADDRESS

29656 U.S. Hwy 19 N., Ste. 100

2.4 CITY-ST-ZIP

Clearwater, FL 34621

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 if changed, or in the attachment with an address.

SIGNATURE:

DANIEL N. MARTIN

PRESIDENT

4-26-95

(813) 842-8439