

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J58591** (5)

1. Corporation Name
ROCCO L. LOGIODICE, P.A.



Principal Place of Business
**416 SE SEABREEZE LN.
PORT ST LUCIE FL 34983**

Mailing Address
**416 SE SEABREEZE LN.
PORT ST LUCIE FL 34983**

3. Date Incorporated or Qualified
02/20/1987

3a. Date of Last Report
02/13/1995

2. Principal Place of Business
21 **631 S.E. CALMOSA LA.**
Suite, Apt. #, etc.
22
City & State
23 **PORT ST LUCIE, FL**
Zip
24 **34983**
Country
25 **ST. LUCIE**

2a. Mailing Address
26 **631 S.E. CALMOSA LA.**
Suite, Apt. #, etc.
27
City & State
28 **PORT ST. LUCIE, FL**
Zip
29 **34983**
Country
30 **ST LUCIE**

4. FEI Number
59-2783997

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

9. Name and Address of Current Registered Agent

**LOGIODICE, ROCCO L.
416 S SEABREEZE LANE
PORT ST LUCIE FL 34983**

10. Name and Address of New Registered Agent

81 Name **ROCCO L. LOGIODICE**

82 Street Address (P.O. Box Number is Not Acceptable)
631 S.E. CALMOSA DR.

83

84 City **PORT ST. LUCIE** FL 85 Zip Code **34983**

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

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LOGIODICE, ROCCO L. | |
| STREET ADDRESS | 416 SE SEABREEZE LANE | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------------|-------------------------------------------------------------------|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ROCCO L. LOGIODICE | |
| 1.3 STREET ADDRESS | 631 S.E. CALMOSA DR. | |
| 1.4 CITY - ST - ZIP | PORT ST LUCIE, FL 34983 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: **ROCCO L. LOGIODICE - ROCCO L. LOGIODICE** 4/15/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)