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CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUN 27 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J59324** (0)

1. Corporation Name
GIANCOLA BROTHERS, INC.

Principal Place of Business % GENE D. GIANCOLA 2020 S. NOVA RD., STE B-205 SOUTH DAYTONA FL 32119 US	Mailing Address % GENE D. GIANCOLA 2417 TAMARIND DRIVE EDGEWATER FL 32141
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2090 S. NOVA RD. Suite, Apt. #, etc. 22 STE B-205 City & State 23 S. DAYTONA FL. Zip 24 32119	2a. Mailing Address 26 3219 JUNIPER DR Suite, Apt. #, etc. 27 City & State 28 EDGEWATER FL Zip 29 32141	3. Date Incorporated or Qualified 02/24/1987	3a. Date of Last Report 04/27/1994	4. FEI Number 59-2865473	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GIANCOLA, GENE D. 2417 TAMARIND DRIVE EDGEWATER FL 32141	10. Name and Address of New Registered Agent B1 Name GARRY L. GIANCOLA B2 Street Address (P.O. Box Number is Not Acceptable) 3219 JUNIPER DR. B3 B4 City EDGEWATER FL B5 Zip Code 32141
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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 *Gene D. Giancola* *GARRY L. GIANCOLA* *1-19-95*
(Print name, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reconstituting.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	NAME GIANCOLA, GENE D.	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2417 TAMARIND DR	CITY-ST-ZIP EDGEWATER FL	1.2 NAME	GIANCOLA, GARRY L.
		1.3 STREET ADDRESS	3219 JUNIPER DR.
		1.4 CITY-ST-ZIP	EDGEWATER, FL, 32141
TITLE VPS	NAME GIANCOLA, GARRY L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3219 JUNIPER DRIVE	CITY-ST-ZIP EDGEWATER FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 110.07(3)(b), 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: *Gene D. Giancola* *GARRY L. GIANCOLA* *1-19-95/1904-756-9230*
(Signature and typed or printed name of signing officer or director.) Date (System Preparer)