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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 8:46

DOCUMENT # J79717 (1)

1. Corporation Name
THE TAGLIARINI CORPORATION, INC.

Principal Place of Business	Mailing Address
102 W WHITING ST. #602 TAMPA FL 33602 US	102 W WHITING ST. 602 TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1987	3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2832343	☐ 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
21 102 WEST WHITING ST.	26 102 WEST WHITING ST.
Suite, Apt. #, etc. 22 SUITE 602	Suite, Apt. #, etc. 27 SUITE 602
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33602	Zip 29 33602
Country 25	Country 30

9. Name and Address of Current Registered Agent

TAGLIARINI, DEBORAH KERR
102 W. WHITING STREET, SUITE 602
TAMPA FL 33602

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 _____ DATE
(Required. Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☒ Change ☒ Addition
NAME	TAGLIARINI, DEBORAH KERR	12 NAME	
STREET ADDRESS	102 W. WHITING STREET, SUITE 602	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VSD	21 TITLE	☒ Change ☒ Addition
NAME	TAGLIARINI, PETER A.	22 NAME	
STREET ADDRESS	102 W. WHITING ST., SUITE 602	23 STREET ADDRESS	102 W. WHITING STREET, SUITE 602
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33602
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 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 above, or on an attachment with an address.

SIGNATURE: Deborah Kerr Tagliarini DEBORAH KERR TAGLIARINI 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date
(813) 229-2585

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