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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J82184

(9)

COYLE & RAPPA ANTIQUES, INC.

| FILED |
|--------------------|
| Apr 18 1997 8:00am |
| Secretary of State |

| Principal Place of Business Mailing Address 1639 PIPER ROAD 1639 PIPER ROAD SPRING HILL FL 34606 SPRING HILL FL 34606-4039 | | | | | | | | |
|--|---|--|--|-------------------------|---|--|--------------------------------|--|
| | | | | | 3. Date incorporated or Qualified 07/10/1987 | 3a. Date of 04/17/19 | | |
| 2. Principal 21 | t, Principal Piace of Business 2a, Mailing Address 26 | | | | 4. FEI Number 59-287 1803 | | Applied For Not Applicable | |
| Suite, Apt #, etc. Suite, Ap | | | , etc. | | 5. Certificate of Status Desired | 1 1 - | \$8.75 Additional Fee Required | |
| City & St | alo | City & State | ······································ | | 8. Election Campaign Financing | \$ | 5.00 May Be | |
| 23 Ζιρ | Country | 28 Zip | Zip Cou | | Trust Fund Contribution LJ Added to Fees 8, This corporation has liability for intangible tax under s. 199.032 | | | |
| 24 | 25 | 29 | 30 | | Florida Statutes Yes No | | | |
| | g, Name and Address of Curr | rent Registered Agent | | | 10. Name and Address of New I | Registered Agent | | |
| | VPPA, KATHLEEN C. | |]' | 31 Name | | | | |
| | 1639 PIPER ST. | | | 32 Street Add | dress (P.O. Box Number is Not Accept | able) | | |
| SH | PRING HILL FL 34806 | | 1 | 33 | | | | |
| | | | Ļ | W 61 | · · · · · · · · · · · · · · · · · · · | | T 70. 6. 4. | |
| | | | | City | | FL B5 | Zip Code | |
| office o agent SIGNATURE | r registered agent, or both, in the Sta am familiar with, and accopt the ob Stg. storc typind or printed name of registered | ate of Florida. Such change was ligations of Section 607.0505, F agent and title if applicable (NO | authorized Iorida Statu TE: Registered | by the corporates. | poration submits this statement for the ation's board of directors. I hereby accurately when reinstating: | DATE | ent as registered | |
| 12. | | AND DIRECTORS DELETE | 13. | , | ADDITIONS/CHANGES TO OFF | | hange Addition | |
| TOLE NAME | D Rappa, Kathleen C. | ☐ DETEIT | 1.1 T)T(1.2 NAM | 1 | | | IMANUE [] ADDITION | |
| STREET ADDRES | | | | EET ADDRESS | | | | |
| CHY-ST-ZIP | SPRING HILL FL | | - 6 | 1-ST-ZIP | | | | |
| TITLE | VP | DELETE | 2.1 111 | E | | □ C | hange Addition | |
| NAME | RAPPA, JOSEPH | | 2.2 NA) | AE . | | | | |
| STREET ADDRESS | 6028 PINEHURST DR SPRING HILL FL | | | EET ADDRESS | | | | |
| CHY-S1-ZE Tifte | SPAING FILL FL | DELETE | 3.1 T(T) | Y-ST-ZIP | | | hange Addition | |
| NAME | | — · | 3.2 NA | ſ | | | - | |
| STREET ADDRES | s | | 3.3 STR | eet address | | | | |
| CHY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 1111 | i | | | hange L Addition | |
| MAM8 emirer antione | , | | 4. 2 NA | | | | | |
| STREET ADDRES CHY-ST-ZIP | 3 | | | EET ADDRESS (-ST-ZIP | | | | |
| TOLE | | ☐ DELETE | 5.1 191 | | | □ c | hange Addition | |
| NAME | | | 5 2 NA) | AE | | | | |
| STREET ADORES | s | | 5.3 STR | EET ADDRESS | | | | |
| CITY-ST-7F | | T briete | | r-ST-ZIP | | —————————————————————————————————————— | hanno Addition | |
| TITLE | | ☐ DELETE | 61 111 | [| | | hange Addition | |
| NAME STOLET ANNOSES | e | | 62 NA) 63 STR | AE EET ADDRESS | | | | |
| STREET ADDRES CITY: \$1-ZIP | | | | /-ST-ZIP | | | | |
| 44 Ldo hai | robuserth; that the information cure | had with this filing door not gua | | | ed in Section 119 07/3Vi) Florida Statu | tos I further certi | fu that the | |

I do tiereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: