FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 24 AM 10:15

DOCUMENT # J96578 (6)

1. Corporation Name
ROMANO INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2900 S. U.S. HWY. 27 HAINES CITY FL 33844 US	2900 S. U.S. HWY. 27 HAINES CITY FL 33844 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1987
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0013337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $9.75 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

ROMANO, ANTHONY R.
PARADISE ISLAND PARK
2900 S. US HWY 27
HAINES CITY FL 33844

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
Signature, 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	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, ROGER S.	1.2 NAME	
STREET ADDRESS	ESTATE OF ROGER S. LEWIS, 2 GLENFIELD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	ROMANO, GLORIA C.	2.2 NAME	
STREET ADDRESS	2900 US HWY 27 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	BRUNO, FRED	3.2 NAME	
STREET ADDRESS	150 NYATT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	CUZZONE JR., JOHN F.	4.2 NAME	
STREET ADDRESS	189 CANAL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MUSCHE, FRANK W.	5.2 NAME	
STREET ADDRESS	284 PLEASANT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUMFORD, RI.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Anthony R. Romano ANTHONY R. ROMANO Dir. 1/20/95 813-439-1350
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310656 CP