

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07340 (8)

1. Corporation Name

GIO'S CAFE, INC.



Principal Place of Business

Mailing Address

900 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082
US

900 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/15/1987

3a. Date of Last Report

05/31/1995

4. FEI Number

59-2866285

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

10. Name and Address of New Registered Agent

PEEK, EUGENE G., III
1301 RIVERPLACE BLVD., SUITE 1609
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and state of domicile

(If Title Registered Agent Signature Required, When Registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS
NAME PEEK, EUGENE G., III
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1609
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE PD
NAME ACIREALE, GIOVANNI
STREET ADDRESS 900 SAWGRASS VILLAGE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ DELETE

TITLE STD
NAME ACIREALE, AGNELLA N.
STREET ADDRESS 900 SAWGRASS VILLAGE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

E. PEEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-96

904-249-7787

Date

Usphone Phone #

CR2E034 (12/95)