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

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K08435** **(5)**

1. Corporate Name

MELENDI, GIBBONS & GARCIA, P.A.

Principal Place of Business

% JOSEPH E. MELENDI
408 E. MADISON ST.
TAMPA FL 33602

Mailing Address

% JOSEPH E. MELENDI
408 E. MADISON ST.
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1987**

3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-2815928** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City, State
23

City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip | County
24 | 25

Zip | County
29 | 30

8. This corporation has/has not elected to be taxed as an "electing small business corporation" under Subchapter S of the Internal Revenue Code and Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MELENDI, JOSEPH E.
408 E. MADISON ST.
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: (If changing Registered Agent, this must be signed by the new agent) (If changing Registered Agent, not required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	DPT	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME	MELENDI, JOSEPH E.	13.2 NAME	
12.3 STREET ADDRESS	408 E. MADISON ST.	13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	TAMPA FL	13.4 CITY-ST-ZIP	
12.5 TITLE	S	13.5 TITLE	☐ Change ☐ Addition
12.6 NAME	MELENDI, JOSEPH E	13.6 NAME	
12.7 STREET ADDRESS	408 E. MADISON ST.	13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	TAMPA FL	13.8 CITY-ST-ZIP	
12.9 TITLE		13.9 TITLE	☐ Change ☐ Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP		13.12 CITY-ST-ZIP	
12.13 TITLE		13.13 TITLE	☐ Change ☐ Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE		13.17 TITLE	☐ Change ☐ Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP		13.20 CITY-ST-ZIP	
12.21 TITLE		13.21 TITLE	☐ Change ☐ Addition
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY-ST-ZIP		13.24 CITY-ST-ZIP	

14. I declare to certify that the information supplied with this filing is substantially complete 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 with an asterisk or an attachment with an asterisk.

SIGNATURE: Joseph E. Melendi 1/30/95 813 228-0463

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph E. Melendi

0289412 CF