

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

FILED  
\$5 FEB 22 PM 4:11

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF THE SECRETARY OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K48506** (5)

1. Corporation Name

**DRY CREEK ESTATES, INC.**

Principal Place of Business

Mailing Address

% JAMES CARRA  
14173 CENTRALIA ROAD  
BROOKSVILLE FL 34614

160 FLORAL PARK ST  
ISLIP TERRACE NY 11752  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/28/1988

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0089041

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRA, JAMES  
14173 CENTRALIA ROAD  
BROOKSVILLE FL 34614

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 of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | BARRASSO, ANTHONY   |
| STREET ADDRESS | 160 FLORAL PARK ST. |
| CITY, ST, ZIP  | ISLIP TERRACE NY    |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |                                                                   |
| 3. STREET ADDRESS   |                                                                   |
| 4. CITY - ST - ZIP  |                                                                   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME             |                                                                   |
| 7. STREET ADDRESS   |                                                                   |
| 8. CITY - ST - ZIP  |                                                                   |
| 9. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME            |                                                                   |
| 11. STREET ADDRESS  |                                                                   |
| 12. CITY - ST - ZIP |                                                                   |
| 13. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME            |                                                                   |
| 15. STREET ADDRESS  |                                                                   |
| 16. CITY - ST - ZIP |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, 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 of this report, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY BARRASSO

(Date)

7/23/95

(Typed Name)

516 581-0340