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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED FILED 95 MAY ... :06 SEC... TALL... ...A

DOCUMENT # **K49629** **(4)**

1. Corporate Name

GUCCIONE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5771 DEER RUN DR FT. PIERCE FL 34951 US	5771 DEER RUN DR FT. PIERCE FL 34951 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0089961 ☐ 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

2. Principal Place of Business: 21 5771 DEER RUN DR.	2a. Mailing Address: 26 5771 DEER RUN DR.
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 FT. PIERCE FLA.	City & State: 28 FT. PIERCE FLA.
Zip: 24 34951 Country: 25 USA	Zip: 29 34951 Country: 30 USA

9. Name and Address of Current Registered Agent

WHITEMAN, JOHN L.
81 KING STREET
SUITE A
ST AUGUSTINE FL 32084

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUCCIONE, DON
STREET ADDRESS	5771 DEER RUN DR
CITY-ST-ZIP	FT. PIERCE FL
TITLE	VTS
NAME	~~GUCCIONE, JAN~~ — OUT
STREET ADDRESS	~~5771 DEER RUN DR.~~
CITY-ST-ZIP	~~FT. PIERCE FL~~
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Don Guccione – Pres. APRIL 30, 95 1-407 4672054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

0382687 CP