

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K99763** (0)

1. Corporation Name

JOHN D. GALLUZZO, P.A.



Principal Place of Business

**C/O JOHN D. GALLUZZO
8000 ALOMA AVENUE SUITE 109
WINTER PARK FL 32792**

Mailing Address

**C/O JOHN D. GALLUZZO
8000 ALOMA AVENUE SUITE 109
WINTER PARK FL 32782**

2. Principal Place of Business

2a. Mailing Address

21 **6500 S. Hwy 17-92**
Suite, Apt. #, etc.

26 **P.O. Box 300427**
Suite, Apt. #, etc.

22 City & State
Fern Park, FL

27 City & State
Fern Park, FL

23 Zip
32730 Country

28 Zip
32730-0427 Country

3. Date Incorporated or Qualified
07/05/1989

3a. Date of Last Report
03/06/1995

4. FEI Number
59-2965898

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

9. Name and Address of Current Registered Agent

**GALLUZZO, JOHN D.
8000 ALOMA AVENUE SUITE 109
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name
Galluzzo, John D.

82 Street Address (P.O. Box Number is Not Acceptable)
6500 S. Hwy 17-92

83

84 City
Fern Park

85 Zip Code
FL 32730

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 date

(NOTE: Registered Agent's signature required when reinstating)

DATE

11/7/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GALLUZZO, JOHN D.
8000 ALOMA AVENUE S-109
WINTER PARK FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME
Galluzzo, John D.

1.3 STREET ADDRESS
6500 S. Hwy 17-92

1.4 CITY-ST-ZIP
Fern Park, FL 32730

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96 (407) 339-8543

Date

Daytime Phone #

CR2E034 (12/95)