

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 # **L65284** (6)

1. Corporation Name

TOMCO OF VENICE, INC.



Principal Place of Business

**C/O TOMCO OF VENICE INC
501 E. VENICE AVE
VENICE FL 34292
US**

Mailing Address

**C/O TOMCO OF VENICE INC
501 E. VENICE AVE
VENICE FL 34292
US**

2. Principal Place of Business

21 **TOMCO of Venice, Inc**

Suite, Apt. #, etc.

22 **501 East Venice Avenue**

City & State

23 **Venice, Florida**

Zip

24 **34292**

Country

25 **Sanusota**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

30

Country

9. Name and Address of Current Registered Agent

**GALANOS, THOMAS
436 E. ROSSETTI DR
501 E. VENICE AVE-VENICE, FL 34292
NOKOMIS FL 34275**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/11/1990

3a. Date of Last Report

03/14/1995

4. FEI Number

65-0189412

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 person who is authorized to sign this statement

Signature of person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GALANOS, THOMAS	
STREET ADDRESS	436 E. ROSSETTI DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	☐ DELETE
NAME	GALANOS, CLEOPATRA	
STREET ADDRESS	436 E. ROSSETTI DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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: **x Cleopatra Galanos** Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96
DATE

941-484-6713
TELEPHONE NUMBER

CR2E034 (12/95)