

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 OCT 11 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 88029**

1. Corporation Name

GUY'S DUST CONTROL SERVICE INC.

Principal Place of Business

Mailing Address

**2101 W. Cypress St.
Tampa, FL 33606**

SAME

2. Principal Place of Business

2a. Mailing Address

21 2101 W. Cypress St

25 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27

City & State

City & State

23 TAMPA FL

28

Zip

Country

Zip

Country

24 33606

25 Hillsborough

29

30

9. Name and Address of Current Registered Agent

N/A

3. Date Incorporated or Qualified

3a. Date of Last Report

July 19 1990

July 95

4. FEI Number

Applied For

59-3024163

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

81. Name **James Moscato**

82. Street Address (P.O. Box Number is Not Acceptable)
1321 INDIAN ROCKS Rd.

83. **James MOSCATO**

84. City **Largo**

FL

85. Zip Code
34640

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE **P-D**
NAME **Joseph L. MOSCATO**
STREET ADDRESS **1321 INDIAN ROCKS Rd**
CITY - ST - ZIP **LARGO FL 34640**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **D-P**
1.2 NAME **James J. MOSCATO**
1.3 STREET ADDRESS **1321 INDIAN ROCKS Rd**
1.4 CITY - ST - ZIP **LARGO FL 34640**

☐ Change ☒ Addition

2.1 TITLE **D-V-S**
2.2 NAME **DARRELL MOSCATO**
2.3 STREET ADDRESS **8922 Delta Lane**
2.4 CITY - ST - ZIP **TAMPA, FL 33635**

☐ 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

200001980022--4
-10/18/96-01051-003
****208.75 ****208.75

200001980022--4
-10/18/96-01051-003
****225.00 ****225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James J. MOSCATO 8-8-96 813-2540633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)