

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M02998** (6)

1. Corporation Name
POLLIO BUILDERS, INC.

Principal Place of Business
**3255 NW 94 AVE #9422
CORAL SPRINGS FL 33065-5078**

Mailing Address
**3255 NW 94 AVE #9422
CORAL SPRINGS FL 33065-5078**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/23/1984

3a. Date of Last Report
04/25/1994

4. FEI Number
59-2443139

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

2a. Mailing Address

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**POLLIO, STEVEN A.
3255 NW 94 AVE #9422
CORAL SPRINGS FL 33075**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	POLLIO, STEVEN A.	1.2 NAME	
STREET ADDRESS	3255 NW 94 AVE #9422	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	POLLIO, PAMELA	2.2 NAME	
STREET ADDRESS	3255 NW 94 AVE #9422	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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:  **4/29/95 305 753 7742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR