

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M72764** (7)
1. Corporation Name
COLICCI, INC.



Principal Place of Business
**% RICHARD T. COLICCI
440 BONNIE VIEW DR.
VALRICO FL 33594**

Mailing Address
**% RICHARD T. COLICCI
440 BONNIE VIEW DR.
VALRICO FL 33594**

2. Principal Place of Business
21 **4535 Transport Dr Tampa**
Suite, Apt. #, etc.
22 **Keep Truck**
City & State
23 **Tampa FL**
Zip
24 **33**
County
25 **Hillsborough**
26 **440 Bonnie View Dr**
Suite, Apt. #, etc.
27 **Home**
City & State
28 **Valrico FL**
Zip
29 **33594**
County
30 **Hillsborough**

3. Date Incorporated or Qualified **03/14/1988** 3a. Date of Last Report **04/20/1995**
4. FEI Number **59-2875877** 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

**COLICCI, RICHARD T.
440 BONNIE VIEW DR.
VALRICO FL 33594**

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 607.05(2) and 607.150(1), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature type (print or handwriting) (check one)

(Print Name and Address of person who signed)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	COLICCI, RICHARD T.	2. NAME	
STREET ADDRESS	440 BONNIE VIEW DR.	3. STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4. CITY-ST-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	☐ DELETE	9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	☐ DELETE	13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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 on the date of filing, and I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not on an additional filing.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 **813**
247 4448

CR2E034 (12/95)