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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M89434** (8)

1. Corporation Name

**GRIPET ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

% JOSEPH V. GIORGIANNI  
305 SUNRISE DR. P.O. BOX 715  
LAUREL FL 34272

305 SUNRISE AV., P.O.B. 715  
NOKOMIS FL 34275  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Nokomis, Fla.

City & State

Nokomis, Fla.

23

28

Zip

34275

Country

Zip

34275

Country

24

29

30

9. Name and Address of Current Registered Agent

GIORGIANNI, JOSEPH V.  
305 SUNRISE DR.  
P.O. BOX 715  
LAUREL FL 34272

81 Name

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

83

84 City

Nokomis

FL

85 Zip Code  
34275

3. Date Incorporated or Qualified

07/06/1988

3a. Date of Last Report

04/07/1995

4. FEI Number

65-0104785

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 607.1508, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
GIORGIANNI, JOSEPH V.  
STREET ADDRESS  
305 SUNRISE AVE  
CITY- ST- ZIP  
LAUREL FL

TITLE ☐ DELETE

NAME  
GIORGIANNI, BERNICE M.  
STREET ADDRESS  
305 SUNRISE AVE  
CITY- ST- ZIP  
LAUREL 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

NOKOMIS, FL 34275

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

NOKOMIS, FL 34275

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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

11/10/96 (941) 489 4002

CR2E034 (12/95)