

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # M94413 (5)

1. Corporation Name

BOB RIZI PLUMBING, INC.



Principal Place of Business

2143 CASS STREET
SARASOTA FL 34231

Mailing Address

2143 CASS STREET
SARASOTA FL 34231-7019

2. Principal Place of Business

21 BOB RIZI PLUMBING

2a. Mailing Address

26 BOB RIZI PLUMBING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5671 DEREK AVE

27 5671 DEREK AVE.

City & State

City & State

23 SARA. FL. 34233

28 SARA. FL. 34233

Zip

Zip

24 34233

29 34233

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

LEWIS, KURT F.
8624 GATEWAY AVENUE
SARASOTA FL 34231

3. Date Incorporated or Qualified

08/11/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0068145

Applier

Not A

5. Certificate of Status Desired

☐

\$8.75 A

Fee Re

6. Election Campaign Financing

☐

\$5.00

Trust Fund Contribution

☐

Added

8. This corporation has liability for intangible tax under Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip C

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 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

TITLE P
NAME RIZI, ROBERT P JR.
STREET ADDRESS 2143 CASS STREET
CITY-ST-ZIP SARASOTA FL

TITLE VP
NAME LUPINACCI, FRANK
STREET ADDRESS 2143 CASS STREET
CITY-ST-ZIP SARASOTA FL

TITLE S
NAME COCHRAN, DORA C
STREET ADDRESS 2143 CASS STREET
CITY-ST-ZIP SARASOTA FL

TITLE T
NAME PRESLEY, DEBORAH L
STREET ADDRESS 2143 CASS STREET
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ROBERT P. RIZI JR. (P) ☒ Change ☐ Addition
1.2 NAME 5671 DEREK AVE.
1.3 STREET ADDRESS SARASOTA FL. 34233
1.4 CITY-ST-ZIP

2.1 TITLE FRANK LUPINACCI (VP) ☒ Change ☐ Addition
2.2 NAME 5671 DEREK AVE.
2.3 STREET ADDRESS SARASOTA FL. 34233
2.4 CITY-ST-ZIP

3.1 TITLE ~~GANNIE RIZI~~ ☐ Change ☒ Addition
3.2 NAME ~~5671 DEREK AVE.~~
3.3 STREET ADDRESS ~~SARASOTA FL. 34233 (SECRET)~~
3.4 CITY-ST-ZIP

4.1 TITLE JEFFREY S. SWALBY ☐ Change ☒ Addition
4.2 NAME 5671 DEREK AVE.
4.3 STREET ADDRESS SARASOTA FL. 34233 (TRES.)
4.4 CITY-ST-ZIP

5.1 TITLE MAGGIE C. GREENE ☐ Change ☒ Addition
5.2 NAME 5671 DEREK AVE.
5.3 STREET ADDRESS SARASOTA, FL 34233 (SECRETARY)
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #