

1-30-95 B-507-C 1304
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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9: 04

DOCUMENT # N27888 (9)

1. Corporation Name

3309 PALMETTO, INC.

Principal Place of Business

Mailing Address

80 CONNER CREEK
ALACHUA FL 32615
US

140 THE KNOLL
SYOSSET, N.Y. NY 11791
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1988

3a. Date of Last Report

02/25/1994

4. FEI Number

59-2904601

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 119 TURKEY CREEK
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROHM, JAMES R
11417 PALMETTO DR
TURKEY CREEK
ALACHUA FL 32615

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 607.0502 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
GLICKFIELD, WILLIAM
556 CONNER CREEK DR
FISHERS IN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P/D
Glickfield, Wms
119 TURKEY CREEK
ALACHUA, FL 32615
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
ROHM, JAMES R
80 TURKEY CREEK
ALACHUA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOPE, NORWOOD W.
158 TURKEY CREEK
ALACHUA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

V/D
John GAYSO
11417 PALMETTO DR.
ALACHUA, FL 32615
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CAMPENELLA, LEWIS J.
140 THE KNOLL
SYOSSET NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D
CAMPENELLA, LEWIS, J
140 THE KNOLL
SYOSSET, N.Y 11791
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

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

SIGNATURE:

Wms. Glickfield

1-24-95

904-4620140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)