

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:15

DOCUMENT # P33463

(1)

1. Corporation Name

RICCHETTI CERAMIC, INC.

Principal Place of Business

**200 S HARBOR CITY BLVD
SUITE 403
MELBOURNE FL 32901**

Mailing Address

**200 S HARBOR CITY BLVD
SUITE 403
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1981

3a. Date of Last Report

03/17/1994

4. FEI Number

22-3052943

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCHERMERMORN, GARY
3125 W NEW HAVEN AVE
SUITE 200
WEST MELBOURNE FL 32904**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PS
JOHNSON, WILLIAM E
200 S HARBOR CITY #401
MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VI
PIERCE, JEFFREY J
200 S. HARBOR CITY BLVD, 401
MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**C
ARLETTI, RENZO
200 S HARBOR CITY #401
MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
LEHITE, MARKKU
200 S HARBOR CITY #401
MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BROGI, NEDO
200 S HARBOR CITY #401
MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**DPS
JOHNSON, WILLIAM E
200 S. HARBOR CITY #403
MELBOURNE, FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

200 S. HARBOR CITY #403

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

200 S. HARBOR CITY #403

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

VOID

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

200 S. HARBOR CITY #403

61 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 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 the report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey J. Pierce
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY J. PIERCE

3/29/95

407.984-0505