

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 MAR 14 AM 8:11

DOCUMENT # P92000000660 (0)

1. Corporation Name

ROSIE'S PUB OF BVL, INC.

Principal Place of Business

215 EASTERN AVE
ST CLOUD FL 34769

Mailing Address

215 EASTERN AVE
ST CLOUD FL 34769

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3149037

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. 199.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2553 BOGGY CREEK RD

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22 KISSIMEE

27

City & State

City & State

23 FL 347

28

Zip

Country

24 34741

29

Country

25 OSCEOLA

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANLEY, RICHARD D
3501 13TH ST
ST CLOUD FL 34769

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 of Registered Agent or Registered Agent and the Corporation

Signature of Registered Agent or Registered Agent and the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

TAROMINO, SAMUEL R SR

STREET ADDRESS

215 EASTERN AVE

CITY, ST, ZIP

ST CLOUD FL 34769

TITLE

S

NAME

TAROMIRO, RUTH F

STREET ADDRESS

215 EASTERN AVE

CITY, ST, ZIP

ST CLOUD FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I 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)(b), 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:

Samuel R. Taromino SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 9 1995
DATE

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FILING FEE