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PROFIT CORPORATION **ANNUAL REPORT**

1997

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 25 1997 8:00am

Secretary of State

8/3-38/-/333

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P9200005784 (3)

THE BERNADETTE CORPORATION

Principal Place of Business Mailing Address 8356 35TH AVE N 8356 35TH AVE N ST PETERSBURG FL 33710-1008 ST PETERSBURG FL 33710 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3179393 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 25 24 30 Florida Statutes Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LOBIANCO, JOHN A 8356 35TH AVE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 83 84 City 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) DELETE TITLE 1.1.1111.6 Change Addition LO BIANCO, JOHN A NAME CR2E034 8356 35TH AVE., N. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 21 DILE Change Addition NAME 22 NAMI STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY- \$1- ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS

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 directly of the comporation 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 of Block 13 if changed, or on an attachment with an address.