FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 9:56

DOCUMENT # **P92000013619 (1)**

1. Corporation Name

~~MOLLICA, INC.~~ RETURN ON SUBS, INC.

Principal Place of Business	Mailing Address
2941 DICKENS CIRCLE KISSIMMEE FL 34747	2941 DICKENS CIRCLE KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1992
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business
21 110 East Oak Street
22 Suite, Apt. #, etc.: Apartment C
23 City & State: Wauchula, FL
24 Zip: 33873 25 County:

2a. Mailing Address
26 110 East Oak Street
27 Suite, Apt. #, etc.: Apartment C
28 City & State: Wauchula, FL
29 Zip: 33873 30 County:

4. FEI Number: ~~NOT APPLICABLE~~ 59-3226012 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOLLICA, FRANK
2941 DICKENS CIRCLE
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name: Frank Mollica
82 Street Address (P.O. Box Number is Not Acceptable): 110 East Oak Street
83 Apartment C
84 City: Wauchula FL 85 Zip Code: 33873

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: Frank Mollica Frank Mollica, President 5-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	MOLLICA, FRANK	12 NAME	Frank Mollica	
STREET ADDRESS	2941 DICKENS CIRCLE	13 STREET ADDRESS	110 East Oak Street, Apt. C	
CITY-ST-ZIP	KISSIMMEE FL 34747	14 CITY-ST-ZIP	Wauchula, FL 33873	
TITLE		21 TITLE	V	☐ Change ☒ Addition
NAME		22 NAME	Elizabeth Mollica	
STREET ADDRESS		23 STREET ADDRESS	95 Mark David Court	
CITY-ST-ZIP		24 CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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: Frank Mollica 4/4/95 813-773-6632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Frank Mollica, President

0442613 FP