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

APPROVED
AND
FILED

95 MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016170 (1)**

1. Corporate Name

D & L GALASSO, INC.

Principal Place of Business

601 SHREVE ST
51A
PUNTA GORDA FL 33950
US

Mailing Address

601 SHREVE ST
51A
PUNTA GORDA FL 33950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1993

3a. Date of Last Report: 01/27/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0400999 — 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. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VOLPE, MICHAEL J
601 ANCHOR RODE DR
STE 203
NAPLES FL 33940

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 Section 607.325, and/or 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. Charles and the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

Title	PTD
Name	GALASSO, LOUIS F
Street Address	601 SHREVE ST #51A
City, State, Zip	PUNTA GORDA FL
Title	VSD
Name	GALASSO, DELORIS G
Street Address	601 SHREVE ST #51A
City, State, Zip	PUNTA GORDA FL

13. ADDITION, CHANGE OR DELETION OF OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, including, but not limited to, the information required by Section 607.0502, Florida Statutes, is true and accurate and that, if applicable, the amount of intangible tax shown due has been or is being paid in accordance with Section 199.032, Florida Statutes. I further certify that the corporation has complied with all applicable provisions of Florida Statutes, including, but not limited to, those applicable to foreign corporations, and that its registration is in full force and effect.

SIGNATURE: Deloris G. Galasso
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DELORIS G. GALASSO

(305)720-9596

0320506 CP