

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:16

DOCUMENT # P93000022875 (7)

1. Corporation Name

SUNCOAST MILLPOND, INC.

Principal Place of Business

**211 HEDDEN COURT
OZONA FL 34660**

Mailing Address

**211 HEDDEN COURT
OZONA FL 34660**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/26/1993

3a. Date of Last Report

07/28/1994

4. FEI Number

59-3177342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.75 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CARLESIMO, ONORIO
211 HEDDEN COURT
OZONA FL 34660**

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 fee if applicable)

(NOTE: Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CARLESIMO, ONORIO	1.2 NAME	
STREET ADDRESS	41 EAGLE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL 34683	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	CARLESIMO, ANTONINO	2.2 NAME	
STREET ADDRESS	1845 SALEM CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	
TITLE	S/T	3.1 TITLE	☐ Change ☐ Addition
NAME	CERULLO, SALVATORE	3.2 NAME	
STREET ADDRESS	3149 LAS OLAS	3.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person authorized 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:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.95

Date

(813) 785-9579

Telephone Number