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 -1 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035637 (6)

1. Corporation Name

GULIO F. CAROLLO, INC.

Principal Place of Business	Mailing Address
179 NE 51ST ST. OCALA FL 34479 US	PO BOX 9157 OCALA FL 34479 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: **05/14/1993**
3a. Date of Last Report: **05/11/1994**
4. FEI Number: **59-3182388** ☐ 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

CAROLLO, GULIO F
3501 NE 10TH STREET
SUITE 107
OCALA FL 34470

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAROLLO, GULIO F
STREET ADDRESS	3501 NE 10TH STREET, SUITE 107
CITY-ST-ZIP	OCALA FL 34470
TITLE	VST
NAME	CAROLLO, GULIO F
STREET ADDRESS	3501 NE 10TH STREET, SUITE 107
CITY-ST-ZIP	OCALA FL 34470
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	PD	☒ Change ☐ Addition
1.2 NAME	CAROLLO, GIULIO F	
1.3 STREET ADDRESS	179 NE 51st ST.	
1.4 CITY-ST-ZIP	OCALA, FL. 34479	
2.1 TITLE	VST	☒ Change ☐ Addition
2.2 NAME	CAROLLO, GIULIO F	
2.3 STREET ADDRESS	179 NE 51st ST.	
2.4 CITY-ST-ZIP	OCALA, FL 34479	
3.1 TITLE	SEC. TRES.	☐ Change ☒ Addition
3.2 NAME	SYLVIA CAROLLO	
3.3 STREET ADDRESS	179 NE 51st ST.	
3.4 CITY-ST-ZIP	OCALA, FL. 34479	
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 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)(k), 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: Giulio F. Carollo 4-26-95 904 369-2765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447979 FF