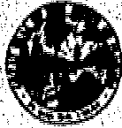


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
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

GIULIO F. CAROLLO, INC.

Principal Place of Business

179 NE 51ST ST.
OCALA FL 34479
US

Mailing Address

PO BOX 9157
OCALA FL 34479
US

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

2b

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAROLLO, GIULIO F
STREET ADDRESS 3501 NE 10TH STREET, SUITE 107
CITY-ST-ZIP Ocala FL 34470

TITLE VST
NAME CAROLLO, GIULIO 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 no changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here

Giulio F. Carollo 4-26-95 368-2765