

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

CORPORATION,
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
95 MAY 11 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P93000036823 (1)

FRANK VASSALOTTI, INC.

Principal Office Address: **4300 ROYAL WOOD BLVD
NAPLES FL 33962
US**
Mailing Address: **6657 HUNTLEY LANE N
NAPLES FL 33942
US**

DO NOT WRITE IN THIS SPACE

2. Filing Year: 1995		3a. Date of Last Report: 03/29/1994	
2a. Mailing Address: 6657 HUNTLEY LANE N, NAPLES FL 33942, US		3. Date of Incorporation or Qualification: 05/21/1993	
21. State Agent: [blank]		4. Filer Number: 65-0411627	
22. [blank]		5. Certificate of Status Desired: [blank]	
23. [blank]		6. Election Campaign Financing: [blank]	
24. [blank]		8. This corporation has liability or intangible tax under S. 199.032: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent VASSALOTTI, FRANCIS A 6657 HUNTLEY LANE N NAPLES FL 33942		10. Name and Address of New Registered Agent 81. Name: [blank] 82. Street Address (P.O. Box Number is Not Acceptable): [blank] 83. [blank] 84. City: [blank] FL 85. Zip Code: [blank]	
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11. Pursuant to the provisions of Sections 607.01(1)(c) and 607.01(2)(b), Florida Statutes, this officer 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b), Florida Statutes.

ORIGINATOR

12. OFFICE REVENUE AND DIRECTORIES		13. ADDITIONAL CHANGES TO OFFICE REVENUE AND DIRECTORIES IN 1995	
NAME: D VASSALOTTI, FRANCIS A STREET ADDRESS: 6657 HUNTLEY LANE N CITY: NAPLES FL		1. NAME: [blank]	☐ Change ☐ Addition
NAME: V VASSALOTTI, LAURIE STREET ADDRESS: 6657 HUNTLEY LANE N CITY: NAPLES FL		2. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		3. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		4. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		5. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		6. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		7. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		8. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		9. NAME: [blank]	☐ Change ☐ Addition
NAME: [blank]		10. NAME: [blank]	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032 and 199.033, Florida Statutes. I further certify that the information included 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 on Block 12 of this filing. If changed, or on an affidavit with an address.

SIGNATURE:

Francis A. Vassalotti Laurie Vassalotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (813) 352-7387