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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000062962 (4)

1. Corporation Name

MACONI BUILDING CORP.

Principal Place of Business

5719 MICHIGAN AVE
NEW PORT RICHEY FL 34652

Mailing Address

5719 MICHIGAN AVE
NEW PORT RICHEY FL 34652-1816



3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3199308

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.

22 2304 SATURN ROAD
City & State

23 BROOKSVILLE, FL.

24 Zip

34609

Country

25 HERNANDO

2a. Mailing Address

26 Suite, Apt. #, etc.

27 2304 SATURN ROAD
City & State

28 BROOKSVILLE, FL.

29 Zip

34609

Country

30 HERNANDO

9. Name and Address of Current Registered Agent

MACONI, JAY P
5719 MICHIGAN AVE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

MACONI, JAY P.

82 Street Address (P.O. Box Number is Not Acceptable)

2304 SATURN ROAD

83

84 City

BROOKSVILLE

FL

85 Zip Code

34609

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

JAY P. MACONI

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

4-25-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MACONI, JAY P
STREET ADDRESS 5719 MICHIGAN AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
MACONI, JAY P.
1.3 STREET ADDRESS 2304 SATURN ROAD
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34609

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)