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
MAY
1995

95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069546 (8)

1. Corporate Name
ITALIANO - STALLINGS INC.

Principal Place of Business
2900 E 7TH AVE
TAMPA FL 33605

Mailing Address
2900 E 7TH AVE
TAMPA FL 33605

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 09/30/1993

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

4. FEI Number: 59-3210550 ☐ 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. That corporation now qualified pursuant to Section 607.0505, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ITALIANO, ANTHONY S SR
2900 E 7TH AVE
TAMPA FL 33605

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	ITALIANO, ANTHONY S SR	2 NAME	
STREET ADDRESS	2900 E 7TH AVE	3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	4 CITY-ST-ZIP	
TITLE	DVST	5 TITLE	☐ Change ☐ Addition
NAME	STALLINGS, WAYNE	6 NAME	
STREET ADDRESS	2901 10TH AVE	7 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	8 CITY-ST-ZIP	
TITLE		9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 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)(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 of changed, or on an attachment with an address.

SIGNATURE: Anthony S. Italiano

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR

Anthony S. Italiano, Sr.

Date

Daytime Phone #

0291302 CP