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 APR 26 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033852 (2)

1. Corporation Name

SALVICO, INC.

Principal Place of Business	Mailing Address
6240 ARC WAY FORT MYERS FL 33912	6240 ARC WAY FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12750 Commonwealth Dr.
22: Suite, Apt. #, etc.
23: City & State: Fort Myers FL
24: Zip: 33913
25: County: Lee

2a. Mailing Address
26: 12750 Commonwealth Dr
27: Suite, Apt. #, etc.
28: City & State: Fort Myers FL
29: Zip: 33913
30: County: Lee

4. FEI Number: 65-049 7070 [redacted] ☐ 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

9. The corporation is liable for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORRENTI, ANTHONY D SR.
6240 ARC WAY
FORT MYERS FL 33912

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: (Corporation Signature of current registered agent and the new agent) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	CORRENTI, ANTHONY D SR.	12 NAME		
STREET ADDRESS	6240 ARC WAY	13 STREET ADDRESS	12750 Commonwealth Dr	
CITY ST ZIP	FORT MYERS FL 33912	14 CITY ST ZIP	Fort Myers FL 33913	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	CORRENTI, GRAZYNA U	22 NAME		
STREET ADDRESS	6240 ARC WAY	23 STREET ADDRESS	12750 Commonwealth Dr.	
CITY ST ZIP	FORT MYERS FL 33912	24 CITY ST ZIP	Fort Myers FL 33913	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

[redacted] MAY 1 CH

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is on an attachment with an address.

SIGNATURE: Anthony D Correnti SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0322001 CP