

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036689 (5)**

1. Corporation Name

OPRANDI CONSTRUCTION PLANNING, INC.

Principal Place of Business

2014 FOURTH ST
SARASOTA FL 34237

Mailing Address

2014 FOURTH ST
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report

2. Principal Place of Business

21. **3400 S. Tamiami Trail**

Suite, Apt. #, etc.

22. **301**

City & State

23. **Sarasota, FL**

Zip Country

24. **34239**

25. **Sarasota**

2a. Mailing Address

26. **3400 S. Tamiami Trail**

Suite, Apt. #, etc.

27. **301**

City & State

28. **Sarasota, FL**

Zip

29. **34239**

Country

30. **Sarasota**

4. FEI Number

65-0494165

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

9. Name and Address of Current Registered Agent

**JAENSCH, PETER J
2014 FOURTH ST
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81. Name

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

3400 S. Tamiami Trail

83. **Suite 301**

84. City

Sarasota

FL

85. Zip Code

34239

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

PETER J. JAENSCH

4/26/95

(Signature of person authorized to register agent and file of corporation)

(Signature of registered agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
OPRANDI, ARTHUR
8141 REGENTS CT
UNIVERSITY PARK FL 34201**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
OPRANDI, RUTH
8141 REGENTS CT
UNIVERSITY PARK FL 34201**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

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 on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in Block 12 or Block 13 if changed, or in a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF BOARD OFFICER OR DIRECTOR

ARTHUR OPRANDI

4-14-95

813-351-3653

DATE

TELEPHONE NUMBER