

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -4 PM 7:18**

**DOCUMENT # P94000055497 (9)**

1. Corporation Name

**SB & J CONSULTING CORP.**

Principal Place of Business

**12826 HUNTLEY MANOR DR.  
JACKSONVILLE FL 32216**

Mailing Address

**12826 HUNTLEY MANOR DR.  
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/27/1984**

3a. Date of Last Report

**FIRST REPORT**

4. FEI Number

**04-3240028**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

☐

**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 85 FESSENDEN ST.**

2a. Mailing Address

**26 85 FESSENDEN ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 NEWTONVILLE, MA.**

City & State

**26 NEWTONVILLE, MA.**

Zip

**24 02160**

Country

**25 U.S.A.**

Zip

**29 02160**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**DEFALCO, DOMENICA  
12826 HUNTLEY MANOR DR.  
JACKSONVILLE FL 32216**

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

Signature typed or printed name of registered agent and the date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>D</b>                     |
| NAME           | <b>BRACCIALE, STEPHEN</b>    |
| STREET ADDRESS | <b>1318 BRANDYWINE RD.</b>   |
| CITY-ST-ZIP    | <b>LIBERTYVILLE IL 60048</b> |
| TITLE          | <b>D</b>                     |
| NAME           | <b>BRACCIALE, VITO</b>       |
| STREET ADDRESS | <b>85 FESSENDEN ST.</b>      |
| CITY-ST-ZIP    | <b>NEWTONVILLE MA 02160</b>  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: ☒

**Vito Bracciale**

**VITO BRACCIALE**

**3/30/95 (617) 965-4115**