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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P94000055782 (4) **DOCUMENT #**

1. Corporation Name

Principal Place of Business

ANGELO BENEDETTI-SOUTH, INC.

796 107 VILLAVE LAKE TERR

ST PETERSBURG FL

RICHEY, DEWAYNE G

748 CATTAIL CT., N E

ST PETERSBURG FL

COB

1811 11TH AVI ST PETERSBUI	: N 9G FL 33713-5794	1811 11TH AV St Petersbu	E N RG FL 33713-57	94		3. Date Incorporated or Qualified 07/26/1994		Last Report 01/1995	
Principal Place of Business 2a. Mailing Add			ddress			4. FEI Number	<u> </u>	Applied For	
<u>.</u>		26	26			59-3262559		Not Applicable	
Suite, Apt. #	etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			***	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zıp	30	Country		This corporation has liability for Florida Statutes Yes Yes	intangible tax	under s 199.032,	
24	25 29 30 30 g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
9. Name and Address of Cultert negistered Agent					Name				
MCLEOD, PHILIP A 300 1ST AVE S, 401 ST PETERSBURG FL 33701				82	82 Street Address (P.O. Box Number is Not Acceptable)				
				B3					
				84	City		FL	85 Zip Code	
or registere familiar wit	and agent, or both, in the State of Fig. $_{ m h}$, and accept the obligations of, Se	ection 607.0505, Florida	Statutes.	ine corp	orallo i o	oration submits this statement for the pu pard of directors. I hereby accept the app		ging its registered office agistered agent. I am	
Signature, typed or printed frame of regime and age in one are regime.					transid Agent signature required when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	DE	LETE	1. 1 TITLE			L	Controller 1 100 may	
NAME	moner, moos,			1.2 NAME					
STREET ADDRESS	1811 11TH AVE. N			1.3 STREET	ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL			1.4 CITY-5	ST-ZIP			Change	
TITLE	P	DE	LETE	2 1 TITLE			<u>. </u>	Change Addition	
NAME	RICHEY, DOUGLAS M			2.2 NAME					

6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(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 eath; 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 or an attachment with an address. 64 CITY - ST-ZIP

2.3 STREET ADDRESS

3.3. STREET ADDRESS

3 4 CITY - ST - ZIP

4.4 CITY - S1 - ZIP

5.3 STREET ADDRESS

54 CHTY - S1 - ZIP

2 4 CITY-ST-ZIP

3 1 TITLE

3.2 NAME

4. 1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5. 1 TITLE

5.2 NAME

6.,1 TITLE

NAME

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STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

CITY - S1 - ZIP

TITLE

NAME

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CITY - ST - ZIP

CITY - ST - ZIP

DELETE

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