

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070733 (8)

1. Corporation Name

GIUNTA, INC.

Principal Place of Business

324 HYDE PARK AVE., SUITE 215
TAMPA FL 33606

Mailing Address

P.O. BOX 2601
TAMPA FL 33606
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33601-2601

30

U.S.

9. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3269057

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

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GIUNTA, EDWARD F II
STREET ADDRESS 324 HYDE PARK AVE., SUITE 215
CITY- ST- ZIP TAMPA FL 33606

TITLE PST
NAME GIUNTA, EDWARD F II
STREET ADDRESS 324 HYDE PARK AVE, STE 215
CITY- ST- ZIP TAMPA FL

TITLE D
NAME Grace G. Giunta
STREET ADDRESS 576 Riviera Drive
CITY- ST- ZIP Tampa, Florida 33606

TITLE P
NAME Grace G. Giunta
STREET ADDRESS 576 Riviera Drive
CITY- ST- ZIP Tampa, Florida 33606

TITLE D
NAME Richard S. Giunta
STREET ADDRESS 2508 S. Dundee
CITY- ST- ZIP Tampa, Florida 33629

TITLE VP
NAME Richard S. Giunta
STREET ADDRESS 2508 S. Dundee
CITY- ST- ZIP Tampa, Florida 33629

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Edward F. Giunta
1.3 STREET ADDRESS 10104 Hampton Place
1.4 CITY- ST- ZIP Tampa, Florida 33618

2.1 TITLE VP, T, S ☐ Change ☐ Addition

2.2 NAME Edward F. Giunta
2.3 STREET ADDRESS 10104 Hampton Place
2.4 CITY- ST- ZIP Tampa, Florida 33618

3.1 TITLE VP ☐ Change ☐ Addition

3.2 NAME Edward F. Giunta, II
3.3 STREET ADDRESS 11410 Paldao Road
3.4 CITY- ST- ZIP Tampa, Florida 33618

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 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward F. Giunta, II
Edward F. Giunta, II

6/15/96

(813) 251-5520

CR2E034 (3/96)