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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33601-2601
US



3. Date Incorporated or Qualified 09/27/1994
3a. Date of Last Report 06/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-3269057

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GIUNTA, EDWARD F
STREET ADDRESS 10104 HAMPTON PLACE
CITY-ST-ZIP TAMPA FL 33618

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

TITLE VPTS ☐ DELETE
NAME GIUNTA, EDWARD F
STREET ADDRESS 10104 HAMPTON PLACE
CITY-ST-ZIP TAMPA FL 33618

2.1 TITLE D, VP T S ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10103 HAMPTON PLACE
2.4 CITY-ST-ZIP TAMPA, FL 33618

TITLE VP ☐ DELETE
NAME GIUNTA, EDWARD F II
STREET ADDRESS 11410 PALDAO RAOD
CITY-ST-ZIP TAMPA FL 33618

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME GIUNTA, GRACE G
STREET ADDRESS 576 RIVIERA DRIVE
CITY-ST-ZIP TAMPA FL 33606

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME GIUNTA, RICHARD S
STREET ADDRESS 2508 S. DUNDEE
CITY-ST-ZIP TAMPA FL 33629

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97
Date

(813) 251-5520
Daytime Phone #

CR2E034 (9/96)