

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 25 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075629 (3)

1. Corporation Name

CV & RD CORPORATION

Principal Place of Business

13903 LAKE BLUFF CT
TAMPA FL 33624

Mailing Address

13903 LAKE BLUFF CT
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

3a. Date of Last Report

4. FEI Number

59-3273383

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KOTRANZA, STEVE
13903 LAKE BLUFF CT
TAMPA FL 33624

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

Steve Kotranza

(NOTE: Registered Agent signature required when reinstating)

1/17/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PANTALEO, CLARA
STREET ADDRESS	13903 LAKE BLUFF CT
CITY-ST-ZIP	TAMPA FL 33624
TITLE	VD
NAME	KOTRANZA, STEVE
STREET ADDRESS	13903 LAKE BLUFF CT
CITY-ST-ZIP	TAMPA FL 33624
TITLE	STD
NAME	ALBERTS, DEBRA
STREET ADDRESS	13903 LAKE BLUFF CT
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D
NAME	ALBERTS, MICHAEL
STREET ADDRESS	13903 LAKE BLUFF CT
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D
NAME	WARNER, JAMES
STREET ADDRESS	13903 LAKE BLUFF CT
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D
NAME	WARNER, VITA
STREET ADDRESS	13903 LAKE BLUFF CT
CITY-ST-ZIP	TAMPA FL 33624

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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Debra Alberts Debra Alberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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