

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014465 (5)

1. Corporation Name

PUZIO'S, INC.



Principal Place of Business

3351 CR 13-A NORTH
ST. AUGUSTINE FL 32092

Mailing Address

3351 CR 13-A NORTH
ST. AUGUSTINE FL 32092

2. Principal Place of Business

21 1571 Northwood Dr.

Suite, Apt. #, etc.

22 City & State

23 St. Augustine FL 32092

24 Zip

25 32092

Country

26 USA

2a. Mailing Address

26 1571 Northwood Dr

Suite, Apt. #, etc.

27 City & State

28 St. Augustine FL 32092

Zip

29 32092

Country

30 USA

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

02/20/95

4. FEI Number

59-3305873

Applied For

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

PELLICER, CHARLES E ESQ.
28 CORDOVA STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

KAROLINE K. PUZIO

82 Street Address (P.O. Box Number is Not Acceptable)

3351 CR 13A North

83

84 City

St. Augustine

FL

85 Zip Code

32092

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

Karoline K. Puzio

Karoline K. Puzio, President

5-1-96

Signature, typed or printed name of registered agent, and date.

NOTE: Registered Agent signature required when not applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PUZIO, MICHAEL E JR.
STREET ADDRESS 3351 CR 13-A NORTH
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE D ☐ DELETE
NAME PUZIO, KAROLINE K
STREET ADDRESS 3351 CR 13-A NORTH
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Kathy M. Puzio
1.3 STREET ADDRESS 3561 CR 13A North
1.4 CITY-ST-ZIP St. Augustine, FL 32092

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Martha Kohler
2.3 STREET ADDRESS 7808 Ingram St.
2.4 CITY-ST-ZIP Jax, FL 32221

3.1 TITLE President, Director ☒ Change ☒ Addition
3.2 NAME Karoline Puzio
3.3 STREET ADDRESS 3351 CR 13A North.
3.4 CITY-ST-ZIP St. Aug., FL 32092

4.1 TITLE V. President, Director ☒ Change ☒ Addition
4.2 NAME Michael E Puzio, SR.
4.3 STREET ADDRESS 3351 CR 13 A North
4.4 CITY-ST-ZIP St Aug., FL 32092

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

SIGNATURE:

Karoline K. Puzio, President

Karoline K. Puzio, President

5-1-96

904-824-8087

Date

Daytime Phone #

CR2E034 (12/95)