

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065656 (7)

1. Corporation Name

B J ANASTASIO CORPORATION



Principal Place of Business

5390 HIGHWAY 192
MELBOURNE FL 32904

Mailing Address

5390 HIGHWAY 192
MELBOURNE FL 32904

3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3335530

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

9. Name and Address of Current Registered Agent

ANASTASIO, DEBRA A
5390 HIGHWAY 192
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name

CECIL J. ANASTASIO

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

5390 HIGHWAY 192

83

84 City

MELBOURNE

FL

85 Zip Code

32904

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

CECIL J. ANASTASIO

Cecil J. Anastasio

4-1-96

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME ANASTASIO, DEBRA A
STREET ADDRESS 5390 HIGHWAY 192
CITY-ST-ZIP MELBOURNE FL 32904

TITLE D ☐ DELETE

NAME ANASTASIO, TOBY R
STREET ADDRESS 2680 VERMONT STREET
CITY-ST-ZIP MELBOURNE FL 32904

TITLE D ☐ DELETE

NAME WILDER, BRENDA J
STREET ADDRESS 1579 KENANSVILLE ROAD
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE D ☐ DELETE

NAME ANASTASIO, CECIL J
STREET ADDRESS 2263 W. NEW HAVEN AVE #370
CITY-ST-ZIP MELBOURNE FL 32904

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Cecil J. Anastasio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CECIL J. ANASTASIO

4-1-96 407-729-6717

Date

Telephone

CR2E034 (12/95)