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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000080111 (4)

DOCUMENT # SERPICO, INC.

Principal Place of Business

Maling Address

660 LITTLE WEKIVA RD

680 LITTLE WEKIVA RD



ALTAMONTE SPRINGS FL 32714-7333		ALTAMONTE SPRINGS FL 32714-7333						
					3. Date Incorporated or Qualified 10/16/1995	3a. Date o	f Last Repo	n
	ace of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	App	lied For
21 5850 Lakehurst Dr. 26 Same					65-0625753		·	Applicable
	e 150-20	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ac	
Oity & State 23 Orlan	ido, FL Country	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip 24 32819	25 USA	Ζφ 29	Countr 30	/	This corporation has liability for in Florida Statutes	□ No	unders 199	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Ag	ent	
	_		81	Name				
JUNIOR, ANTONIO S 680 LITTLE WEKIVA RD			82	Street A	Address (P.O. Box Number is Not Acceptable)			
ALTAM	IONTE SPRINGS FL 32714-7333		83					
			84	City		FL	85 Zip Co	xde
familiar with	h, and accept the obligations of Sections of Sections of Sections of Sections of the section of the sections of the section of the sec	on 607.0505, Florida Statutes	sed by the corp s.	oration's t	rporation submits this statement for the pur poard of directors. I hereby accept the appo	pintment as re	gistered age	ent lam
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	571.12	RECTORS.	IN 12
THILE	DP\$	☐ DELETE	1 1 TiTLE					1 Addition
NAME	SERPICO, ANTONIO		1.2 NAME				<u>-</u>	,
STREET ADDRESS	660 LITTLE WEKIVA RD		1 3 STRE€	ADORESS				
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 3	2714-7333	1.4 CITY:	51 - 2)P				
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NAME	SERPICO, REJANE C		2.2 NAME			_	· _	,
STREET ADDRESS	660 LITTLE WEKIVA RD		2.3 STREE	AODRESS				
CHTY - ST - ZIP	ALTAMONTE SPRINGS FL 3	2714-7333	24 C TY-	iT - 2 iP				
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NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADORESS				
CITY - ST - ZIP			3 4 CITY - (T ZIP				
TITLE		☐ DELETE	4 1 TITLE		-		Change [Addition
NAME			4.2 NAME					
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY-ST-ZIP TITLE		FIRE	4.4 CHY - S	T-ZIP				
NAME		☐ DELETE	5 1 TITLE				Change [Addition
1			5 2 NAME					
STREET ADDRESS			5 3 STREET					
CITY-ST-ZIP TITLE		- District	5.4 CHY-5	T- ZIP				
NAME		☐ DELET€	6 1 Tifle				Change 🔲	Addition
			6.2 NAME					
STREET ADDRESS			63 STREET					
CITY - S1 - 7:P	certify that the information supplied wi		6.4 C:TY - S	T - ZIP				

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 this comporation 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 for an attachment with an address

SIGNATURE:

SIGNATURE AND THE