## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of blate DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000015831 (6)

G. V. MAJORANA, INC.

Principal Place of Business Mailing Address 8235 WOBEHEAD LANE 9235 MOREHEAD LANE PORT\_RICHEY\_FL 34668 PORT\_RIGHEY FL 34668-4419 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For -3359469 21 /03/4 US 19 26 10314 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be POR TORIN 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, AS 60 USA 🗶 Yes 🗌 No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MAJORANA, GEORGE V 9235 MOREHEAD LANE 82 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 NEW ADDRESS : 83 Post Ricited Flox 3 3468 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, and accept the obligations of, Section 607.0505, Florida Statutes. Georgia Mayin (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRESIDENT DELETE PRESTORNT TITLE 1.1 TITLE GEORGE V. MAJORANA GEORGE V. MAJORANI NAME 1.2 NAME 10314 US 19 10314 US19 STREET ADDRESS 1.3 STREET ADDRESS FL 34668 DITY-ST-ZIE 1.4 CITY - ST-ZIP DELETE TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-S1-ZIP 1016 DELETE 31 TITLE Change Addition 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-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 true 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.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - S1 - ZIP

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

DELETE

1-22-97 1-813 8684100

Change

Change

Addition

Addition

Addition

FILED

Feb 14 1997 8:00am

Secretary of State