

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:47

DOCUMENT # S33606 (2)
1. Corporation Name
JOEL J. VISCOMI & SON, INC.

Principal Place of Business Mailing Address
2880 MARJORIE ROAD 2880 MARJORIE ROAD
ST. CLOUD FL 34772-8044 ST. CLOUD FL 34772-8044

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/22/1991	04/25/1994
22		27		4. FEI Number	Applied For
City & State		City & State		59-3052381	Not Applicable
23		28		5. Certificate of Status Desired	\$6.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent
VISCOMI, JOEL J.
2880 MARJORIE ROAD
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISCOMI, JOEL J.	12. NAME	
STREET ADDRESS	2880 MARJORIE RD.	13. STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	14. CITY - ST - ZIP	
TITLE	D/VP	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Viscomi	22. NAME	
STREET ADDRESS	2878 Marjorie Road	23. STREET ADDRESS	
CITY - ST - ZIP	St. Cloud, FL 34772	24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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)(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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of change of name attachment with an address.

SIGNATURE: *Joel J. Viscomi* Joel J. Viscomi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 407-892-6785
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