# 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

APPROVED
AND
FILED

95 MAY 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S38938** **(4)**

1. Corporate Name
**COLONIAL SEVEN, INC.**

Principal Place of Business
**2528 W. COLONIAL DRIVE**
**ORLANDO FL 32804**

Mailing Address
**CAROLE POMA**
**35 ORANGE TREE CIRCLE**
**WINTER GARDEN FL 34787**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1991**
3a. Date of Last Report: **11/22/1994**

2. Principal Place of Business
21
Suite, Apt. # or
22
City & State
23
ZIP 24 County 25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
ZIP 29 County 30

4. FEI Number: **59-3066928** ☐ 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, has not, an ineligible tax under S. 199.032, Florida Statutes.* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

**POMA, CAROLE**
**35 ORANGE TREE PARK**
**WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.1008, 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 duties of the position set forth in Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|---|---|---|---|
| 101 | P | 111 | ☐ Change ☐ Addition |
| NAME | POMA, CAROLE | 112 NAME | |
| STREET ADDRESS | 35 ORANGE TREE PARK | 113 STREET ADDRESS | |
| CITY, ST, ZIP | WINTER GARDEN FL 34787 | 114 CITY, ST, ZIP | |
| 102 | T | 121 | ☐ Change ☐ Addition |
| NAME | POMA, RONALD C | 122 NAME | |
| STREET ADDRESS | 35 ORANGE TREE PARK | 123 STREET ADDRESS | |
| CITY, ST, ZIP | WINTER GARDEN FL 34787 | 124 CITY, ST, ZIP | |
| 103 | D | 131 | ☐ Change ☐ Addition |
| NAME | MARCONE, CHARLES | 132 NAME | |
| STREET ADDRESS | 1928 HAPERON | 133 STREET ADDRESS | |
| CITY, ST, ZIP | APOPKA FL 32703 | 134 CITY, ST, ZIP | |
| 104 | D | 141 | ☐ Change ☐ Addition |
| NAME | ATCHISON, LARRY | 142 NAME | |
| STREET ADDRESS | 1205 BURLINGTON CT | 143 STREET ADDRESS | |
| CITY, ST, ZIP | AUBURNDALE FL | 144 CITY, ST, ZIP | |
| 105 | D | 151 | ☐ Change ☐ Addition |
| NAME | MONACO, ANTOINETTE | 152 NAME | |
| STREET ADDRESS | 5618 JEAN DR | 153 STREET ADDRESS | |
| CITY, ST, ZIP | ORLANDO FL | 154 CITY, ST, ZIP | |
| 106 | S | 161 | ☐ Change ☐ Addition |
| NAME | FIORE, JOSEPH | 162 NAME | |
| STREET ADDRESS | 103 W. HILLCREST ST. | 163 STREET ADDRESS | |
| CITY, ST, ZIP | ALTAMONTE SPRINGS FL 32714 | 164 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)(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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** Carole N. Poma CAROLE N. POMA 5-11-95 407-8370594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443420 FP