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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S70519** (1)

1. Corporation Name
RICHARD CUCCHI'S CADDY CARTS, INC.

Principal Place of Business Mailing Address
4150 HIBISCUS RD. VENICE FL 34293

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/29/1991** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address
21 510 Paul Morris Dr **26 PO 145**

4. FEI Number **65-0277501** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State City & State
23 ENGLEWOOD FL. **28 ENGLEWOOD FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country Zip Country
24 34223 **25 SARASOTA** **29 34223** **30 SARASOTA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUCCHI, RICHARD
4150 HIBISCUS RD.
VENICE FL 34293

81 Name **Richard Cucchi**
82 Street Address (P.O. Box Number is Not Acceptable) **510 Paul Morris Dr.**
83
84 City **Englewood** FL 85 Zip Code **34223**

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 **Richard Cucchi** DATE **4-17-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	CUCCHI, RICHARD
STREET ADDRESS	4150 HIBISCUS RD.
CITY - ST - ZIP	VENICE FL
TITLE	D
NAME	CUCCHI, RICHARD
STREET ADDRESS	4150 HIBISCUS RD.
CITY - ST - ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICE PRESIDENT
1.3 STREET ADDRESS	JOHN R KIEKPADEK
1.4 CITY - ST - ZIP	510 Paul Morris Dr
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director - T-S
2.3 STREET ADDRESS	JOHN R KIEKPADEK
2.4 CITY - ST - ZIP	510 Paul Morris Dr
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Englewood FL 34223
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 cited 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, unchanged, or on an attachment with an address.

SIGNATURE: **JOHN R KIEKPADEK** DATE **4/17/95**