FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # S87293 (4)

1. Corporate Name

BUCCI INVESTMENT, INC.

Principal Place of Business: 3696 TAMPA ROAD, OLDSMAR FL 34677

Mailing Address: 3696 TAMPA ROAD, OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/14/1991	05/01/1994

4. FEI Number: 59-3087127 — 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 546
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: GOODLAND, FL
24 Zip / 25 Country	29 Zip: 33932 / 30 County: COLLIER

9. Name and Address of Current Registered Agent

D'ETTORE, JOSEPH D
3696 TAMPA ROAD
OLDSMAR FL 34677

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	TITLE	V, S, D ☑ Change ☑ Addition
NAME	~~BUCCI, GIOVANNI~~	NAME	ELIZABETH SYMONDS
STREET ADDRESS	~~3696 TAMPA ROAD~~	STREET ADDRESS	2620 SR 590
CITY-ST-ZIP	~~OLDSMAR FL 34677~~	CITY-ST-ZIP	CLEARWATER FL 34619
TITLE	~~STD~~	TITLE	P, T, D ☑ Change ☐ Addition
NAME	D'ETTORE, JOSEPH	NAME	DETTORE JOSEPH
STREET ADDRESS	3696 TAMPA ROAD	STREET ADDRESS	3696 TAMPA ROAD
CITY-ST-ZIP	OLDSMAR FL	CITY-ST-ZIP	OLDSMAR, FL
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0365814 CP