

1995

DIVISION OF CORPORATIONS

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DOCUMENT # S91780

(4)

1. Corporation Name

D'AMICO INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 11580 OLD ST AUGUSTINE RD STE - 4 JACKSONVILLE FL 32258 US		Mailing Address 11580 OLD ST AUGUSTINE RD STE - 4 JACKSONVILLE FL 32258 US		3. Date Incorporated or Qualified 10/30/1991	3a. Date of Last Report 05/01/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3090565		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS PA
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable.

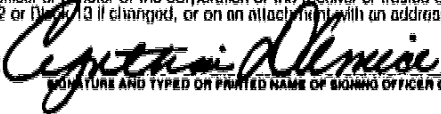
(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	D'AMICO, ANGELO M.	1.2 NAME	
STREET ADDRESS	11580 OLD ST AUGUSTINE / STE - 4	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	D'AMICO, CYNTHIA A.	2.2 NAME	
STREET ADDRESS	11580 OLD ST AUGUSTINE / STE - 4	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	D'AMICO, BRIAN K	3.2 NAME	
STREET ADDRESS	11580 OLD ST AUGUSTINE / STE - 4	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

Date

904-268-7328

Daytime Phone #