

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S96492** (1)

1. Corporation Name

JAMES P. MICHALAK, INC.



Principal Place of Business

**529 LUCERNE AVE
TAMPA FL 33606
US**

Mailing Address

**529 LUCERNE AVE
TAMPA FL 33606
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MICHALAK, JAMES P.
529 LUCERNE AVE
TAMPA FL 33606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
11/25/1991

3a. Date of Last Report
09/06/1995

4. FEI Number

59-3095054

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. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

**DP
MICHALAK, JAMES P.
529 LUCERNE AVE
TAMPA FL**

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**VPS
MICHALAK, JANE M.
529 LUCERNE AVE
TAMPA FL**

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

J.P. Michalak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Michalak

4-29-96 (813)251-6229
DATE (Month/Day/Year) TELEPHONE NUMBER

CR2E034 (12/95)