

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21108 (8)

1. Corporation Name

J.P. CASTAGNA, INC.

Principal Place of Business

5814 N W 74 TERRACE
PARKLAND FL 33067
US

Mailing Address

5814 N W 74 TERRACE
PARKLAND FL 33067
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/12/1992	3a. Date of Last Report 04/18/1994
4. FEI Number 06-1296277	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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

CASTAGNA, JOHN P
5814 N W 74 TERRACE
PARKLAND FL 33067

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 not the corporation.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY- ST- ZIP		1.3 STREET ADDRESS	
		1.4 CITY- ST- ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2.2 NAME	
CITY- ST- ZIP		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY- ST- ZIP		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY- ST- ZIP		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 stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this report and report is accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or its registered agent 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 or checked, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

(Typed Name #)