

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:13

DOCUMENT # V25947 (5)

1. Corporation Name

CAMINITI & JARVIS ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/03/1992
3a. Date of Last Report 03/24/1994

4. FEI Number 59-3115564
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

Country

Zip

Country

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25

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32783

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMINITI, JOSEPH M
4865 ST. JAMES AVE.
TITUSVILLE FL 32780

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

PD
CAMINITI, JOSEPH M
4865 ST JAMES AVE
TITUSVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

VSD
JARVIS, N ROBERT
2642 CHERRYWOOD LN
TITUSVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

4.1 TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

5.1 TITLE
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5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

6.1 TITLE
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☐ Change ☐ Addition

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SIGNATURE:

Joseph M. Caminiti JOSEPH M. CAMINITI 01-25-95 (482)383-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime After 2)