SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10: 12

DOCUMENT # **V57538** **(3)**

1. Corporation Name

BOCCI, INC.

Principal Place of Business	Mailing Address
THE OPTICAL SHOPPE 627 W 23RD ST PANAMA CITY FL 32405 US	627 W 23RD ST 303 U.S. 301 BLVD.. WEST PANAMA CITY FL 32405 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/13/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21: same
2a. Mailing Address — 26: same

4. FEI Number: **65-0350835** ☐ 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:

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIBACCO, NICHOLE
C/O THE OPTICAL SHOPPE
627 W 23RD ST
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: same
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: Nichole D. Bacco P/S — 8-1-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	DiBACCO, NICHOLE	☐ Change ☐ Addition
NAME	DEBACCO, NICHOL (please correct spelling)	12 NAME		
STREET ADDRESS	627 W 23RD ST	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	DEBACCO, THOMAS (please correct spelling)	22 NAME	DiBACCO, THOMAS	
STREET ADDRESS	627 W 23RD ST	23 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	DIBACCO, WILLIAM J	32 NAME		
STREET ADDRESS	627 W 23RD ST	33 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E094 (3/95)

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(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: Nichole D. Bacco — 8-1-95 — (904)763 3448
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0006885 CP