

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J72183

**Entity Name:** GIANCOLA, INC.

**Current Principal Place of Business:**

% LUCILLE GIANCOLA  
3635 US 1  
EDGEWATER, FL 32141

**Current Mailing Address:**

% LUCILLE GIANCOLA  
3635 US 1  
EDGEWATER, FL 32141 US

**FEI Number: 59-2841218**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KUEVEN, BEVERLY DVP  
506 BOWDEN RD  
CLEWISTON, FL 33440 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name GIANCOLA, LUCILLE  
Address 3635 US 1  
City-State-Zip: EDGEWATER FL 32141

Title VP  
Name KUEVEN, BEVERLY D  
Address 506 BOWDEN RD  
City-State-Zip: CLEWISTON FL 33440

Title D  
Name GIANCOLA, GARRY L  
Address 3219 JUNIPER DR  
City-State-Zip: EDGEWATER FL 32141

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BEVERLY KUEVEN**

**VP**

**02/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date