

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **324472**

1. Corporation Name
MAZZONI FARMS INC

Principal Place of Business
**% WILLIAM MAZZONI
950 GREENBRIAR DR
BOYNTON BEACH FL 33435**

Mailing Address
**C/O WILLIAM MAZZONI
950 GREENBRIAR DRIVE
BOYNTON BEACH FL 33435
US**

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90088 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1967

4. FEI Number

59-1198192

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6995 W. Boynton Beach Blvd

2a. Mailing Address

26 4597 St. Andrews Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boynton Beach, FL

City & State

28 Boynton Beach, FL

Zip Country

24 33437

Zip Country

29 33436

25 Palm Beach

30 Palm Beach

9. Name and Address of Current Registered Agent

**MAZZONI, WILLIAM
950 GREENBRIAR DRIVE
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name

William A. Mazzoni

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

4597 St. Andrews Drive

83

84 City

Boynton Beach

FL

85 Zip Code

33436

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

William A. Mazzoni

March 17, 1999

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE

NAME **MAZZONI, WILLIAM**
STREET ADDRESS **950 GREENBRIAR DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **S** ☐ DELETE

NAME **MAZZONI, PATRICIA A**
STREET ADDRESS **4597 ST ANDREWS DR**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **P** ☐ DELETE

NAME **MAZZONI, WILLIAM A.**
STREET ADDRESS **4597 ST ANDREWS DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William A. Mazzoni* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

561-732-9050

Daytime Phone #

CR2E034 (11/98)