

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90021 035 ***150.00

DOCUMENT # 510636

1. Corporation Name

CACCIATORE BROS., INC.

Principal Place of Business

**2301 W. DR. M.L.K. BLVD.
TAMPA FL 33607
US**

Mailing Address

**2301 W. DR. M.L.K. BLVD.
TAMPA FL 33607
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1976

4. FEI Number

59-1690552

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.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PHILLIP G. CACCIATORE
2301 W. DR. M.L.K. BLVD.
TAMPA FL 33607**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CACCIATORE, PHILLIP G.**
STREET ADDRESS **231 W. DR. M.L.K. BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ DELETE
NAME **CACCIATORE, NOREEN M.**
STREET ADDRESS **2301 W. DR. M.L.K. BLVD**
CITY-ST-ZIP **TAMPA 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-99 8138728922

CR2E034 (5/99)

0127962

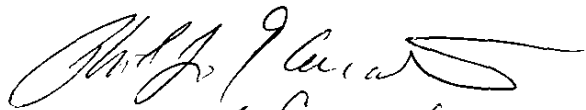


596398-90021-35
510636

July 7, 1999

Sirs/Madam,

I am enclosing my report completed along with a check for 150⁰⁰ the usual filing fee. This is the first notice I received and when I received it I called your office. They advised me to mail the report and money (150⁰⁰) as I have and explain that I never received an earlier report to file. Please look at my record of past filings and you'll see there all on time. Please accept this report as is. Thank-You. You can reach me at (813) 872-8922


Phillip G. Cacciatore

2301 West M.L.K. Jr. Blvd.
Tampa, Florida 33607
813-872-8922

Wholesale Division
813-872-7974

5610 Hanley Road
Tampa, Florida 33634
813-884-8013