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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

RICHARD L. SAN GIOVANNI, AIA, P.A.

FILED

Apr 10 1998 8:00am

Secretary of State

Mailing Address

982 DOUGLAS AVE #104 **ALTAMONTE SPRINGS FL 32714**

Principal Place of Business

982 DOUGLAS AVE #104 ALTAMONTE SPRINGS FL 32714

| | | | | | DO NOT WRITE IN THIS SPACE | | |
|---|--|--|--|--|--|--|--|
| | | | | | | 3. Date Incorporated or Qualified | |
| | | | | | | 07/11/1979 | |
| Principal Place of Busin | | | | | 4. FEI Number | Applied For | |
| 21 | | | | | > | 59-1926875 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5 Certificate of Status Desired | \$8.75 Additional |
| | 27 | | | | S. Certificate of States Desired | Fee Required | |
| City & State | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 28 LAKE MAL | | | MAKY. | PL | | Trust Fund Contribution | Added to Fees |
| Zip | Country | | | | | B. This corporation owes or has paid to | ne current year Intangible |
| | 25 | | | 0 00 | P | Personal Property Tax due June 30. | Yes 🔲 No |
| | | | | | 10. Name and Address of New Registered Agent | | |
| SAN GIOVANNI, RICHRD L 982 DOUGLAS AVE #104 | | | | | Name | | |
| | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| ALTAMONTE SPRINGS FL 32714 | | | | 83 | | | |
| | | | | | | | |
| | | | | 84 | Uity | | FL 85 Zip Code |
| | | | | | | | |
| 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 | | | | | | | |
| | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agont signature required when reinstating) DATE | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | on ognatore re- | | |
| | | | DELETE | 1.1 TITLE | · | | Change Addition |
| E SAN GI | OVANNI, RICHARD I. | | | 1.2 NAME | | | |
| | | | | | T ADDRESS | | |
| ALTAMONTE ODDOG EL | | | | | | | |
| | 5111E 5111G5. 1E | | DELETE | | 51-ZIF | | Change Addition |
| | OVANNI MADGARET | • | | | | | Onlinge Addition |
| 2010140 417 4444 | | | | | ADDRECC | | |
| ALTALIANTE ADDAG EL | | | | | | | |
| | DIVIL OF NOO, I'L | | DELETE | | SI-ZIP | | Change Addition |
| | | ı | - OLLLIL | | | | L Change Addition |
| | | | | | | | |
| | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | DELETE | | S1-ZIP | | |
| 1 | | L | DELETE | | | | ☐ Change ☐ Addition |
| - | | | | | | | |
| EET ADDRESS | | | | 4.3 STREE | I ADDRESS | | |
| -ST-ZIP | | | | 4.4 CITY-1 | ST - ZIP | | |
| E | | L | DELETE | 5.1 TITLE | | | Change Addition |
| IE | | | | 5.2 NAME | | | |
| EET ADDRESS | | | | 5.3 STREE | ADDRESS | | |
| -ST-ZIP | | | | 5.4 CITY - 1 | S1-ZIP | | Ì |
| E | | [| DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| E | | | | 6.2 NAME | | | |
| EET ADDRESS | | | | 6.3 STREE | ADDRESS | | |
| | | | | | | | |
| | Suite, Apt. #, etc. City & State Zip 9, Name SAN GIOVAN 982 DOUGLA ALTAMONTE Pursuant to the provis office or registered as agent. I am familiar w GNATURE Signature, hyper EET ADDRESS 7-ST-ZIP ET ADDRESS F SAN GI 982 DO ALTAMI ET SAN GI SAN GI | City & State Zip Quantity 25 9, Name and Address of Current SAN GIOVANNI, RICHRD L 982 DOUGLAS AVE #104 ALTAMONTE SPRINGS FL 32714 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of sections 607.0502 office or registered agent, or both, in the State of agent of sections of sections 607.0502 office or registered agent, or both, in the State of agent of sections of sec | Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip 26 29 377 9, Name and Address of Current Registered Ag SAN GROVANNI, RICHARD L 982 DOUGLAS AVE #104 ALTAMONTE SPRINGS FL 32714 Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section 3NATURE Signature, lyped or pretied name of registered agent and tite if applicable. OFFICERS AND DIRECTORS E SAN GIOVANNI, RICHARD L 982 DOUGLAS AVE #104 ALTAMONTE SPRGS. FL F SAN GIOVANNI, MARGARET SC DOUGLAS AVE #104 ALTAMONTE SPRGS. FL EET ADDRESS ST-ZIP EET ADDRESS | Suite, Apt. #, etc. 26 F. D. BUX 95 | Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | Suite, Apt. #, etc. 26 C. BOX 9536/55 Suite, Apt. #, etc. Suite | Principal Place of Business 28. Maning Address 28. P. D. D. N. S. Sulle, Apt. #, etc. Suite, Apt. #, etc. Cay & State Cay & State Cay & State Country 28. American Address of Current Registered Agent 39. Name and Address of Current Registered Agent SAN GROVANNI, RICHARD L 982 DOUGLAS AVE #104 ALTAMONTE SPRINGS FL 32714 Pirrought to the provisions of Sections 607.0502 and 607 1508. Fiorida Statules, the abnove-named corporation submits this statement for the purp office or registered agent, or both, in the State of Fiorida Such change was authorized by the corporation's board of directors. I hereby accept the collegators of Sections 607.0502 and 607 1508. Fiorida Statules, the abnove-named corporation submits this statement for the purp office or registered agent, or both, in the State of Fiorida Statules, the abnove-named corporation submits this statement for the purp office or registered agent, or both, in the State of Fiorida Statules, the abnove-named corporation submits this statement for the purp office or registered agent, or both, in the State of Fiorida Statules, the abnove-named corporation submits this statement for the purp office or registered agent, or both, in the State of Fiorida Statules, the abnove-named corporation submits this statement for the purp office or registered agent, or both, in the State of Fiorida Statules. NATURE Surative hydro or pretent name or registered agent are time of appet and the 2 appet and t |

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.

Margaret M, SanGiovanni