

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90116 025 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 629391**

1. Corporation Name  
**RICHARD L. SAN GIOVANNI, AIA, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~982 DOUGLAS AVE #104~~  
~~ALTAMONTE SPRINGS FL 32714~~

Mailing Address  
 P.O. BOX 952615  
 LAKE MARY FL 32795-2615  
 US

3. Date Incorporated or Qualified  
**07/11/1979**

2. Principal Place of Business  
**21 117 E. Greentree Lane**

2a. Mailing Address  
**26** Suite, Apt. #, etc.

22 City & State  
**27 Lake Mary, FL**

23 Zip Country  
**24 32746-4004 25**

28 City & State  
**29 Lake Mary FL 30**

4. FEI Number  
**59-1926875**

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

9. Name and Address of Current Registered Agent  
**SAN GIOVANNI, RICHARD L**  
~~982 DOUGLAS AVE #104~~  
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**117 East Greentree Lane**  
**83**  
**84 City** Lake Mary **85 Zip Code** FL 32746-4004

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 \_\_\_\_\_ DATE **Jan. 15, 1999**

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	SAN GIOVANNI, RICHARD L	
STREET ADDRESS	<del>982 DOUGLAS AVE #104</del>	
CITY-ST-ZIP	<del>ALTAMONTE SPRGS. FL</del>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SAN GIOVANNI, MARGARET	
STREET ADDRESS	<del>982 DOUGLAS AVE #104</del>	
CITY-ST-ZIP	<del>ALTAMONTE SPRGS. FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	117 East Greentree Lane
1.4 CITY-ST-ZIP	Lake Mary, FL 32746-4004
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	117 East Greentree Lane
2.4 CITY-ST-ZIP	Lake Mary, FL 32746-4004
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard L. San Giovanni **REQUIRED** DATE: **Jan. 15, 1999** (407) 333-1434

CR2E034 (11/98)