

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H79378** (6)
1. Corporation Name
VINNIE'S CARPET SERVICE, INC.

Principal Place of Business
**1235 SW 34 TERRACE
PALM CITY FL 34990**

Mailing Address
**1235 SW 34 TERRACE
PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2599874	Applied For ☐ Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**ZANFINI, VINCENT A.
1166 SW MAGNOLIA BLUFF DRIVE
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name **Zanfini, Vincent A.**
82 Street Address (P.O. Box Number is Not Acceptable)
4701 Bimini Circle N.
83
84 City **Palm City** **FL** **85** Zip Code **34990**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZANFINI, VINCENT A.	1.1 TITLE	PD Zanfini, Vincent A.
NAME	1166 SW MAGNOLIA BLUFF DRIVE	1.2 NAME	4701 Bimini Circle N.
STREET ADDRESS	PALM CITY FL	1.3 STREET ADDRESS	Palm City FL 34990
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	SD ZANFINI, SUSAN L.	2.1 TITLE	SD Zanfini, Susan L.
NAME	1166 SW MAGNOLIA BLUFF DRIVE	2.2 NAME	4701 Bimini Circle N.
STREET ADDRESS	PALM CITY FL	2.3 STREET ADDRESS	Palm City FL 34990
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:

Susan L. Zanfini *Susan L. Zanfini* 4-17-98 (601) 286-5072

CR2E034 (10/97)