

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90309 017 ***150.00

DOCUMENT # P97000077699

1. Corporation Name
JAMES P. AMBRUSO, INC.



Principal Place of Business

7724 TURNBRIDGE DR
PORT RICHEY FL 34668-4338
US

Mailing Address

7724 TURNBRIDGE DR
PORT RICHEY FL 34668-4338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1997

4. FEI Number

59-3466409

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 6839 State Road 54
Suite, Apt. #, etc.

2a. Mailing Address

26 6839 State Road 54
Suite, Apt. #, etc.

City & State

23 New Port Richey FL
Zip 34653-6032 Country Pasco

City & State

28 New Port Richey FL
Zip 34653-6032 Country Pasco

9. Name and Address of Current Registered Agent

AMBRUSO, JAMES P
7724 TURNBRIDGE DR
PORT RICHEY FL 34668-4338

10. Name and Address of New Registered Agent

81 Name Ambruso, James P.
82 Street Address (P.O. Box Number is Not Acceptable)
5200 Palmita Ct
83 Apt 79
84 City New Port Richey FL 85 Zip Code 34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

James P. Ambruso
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AMBRUSO, JAMES P	
STREET ADDRESS	7724 TURNBRIDGE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AMBRUSO, JAMES P	
STREET ADDRESS	7724 TURNBRIDGE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AMBRUSO, PATRICIA A	
STREET ADDRESS	7724 TURNBRIDGE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AMBRUSO, PATRICIA A	
STREET ADDRESS	7724 TURNBRIDGE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ambruso, James P.	
1.3 STREET ADDRESS	5200 Palmita Ct. Apt 79	
1.4 CITY-ST-ZIP	New Port Richey FL 34655	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ambruso, James P	
2.3 STREET ADDRESS	5200 Palmita Ct, Apt 79	
2.4 CITY-ST-ZIP	New Port Richey FL 34655	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ambruso, Patricia R.	
3.3 STREET ADDRESS	5200 Palmita Ct., Apt 79	
3.4 CITY-ST-ZIP	New Port Richey FL 34655	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ambruso, Patricia R.	
4.3 STREET ADDRESS	5200 Palmita Ct Apt 79	
4.4 CITY-ST-ZIP	New Port Richey FL 34655	
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:

James P. Ambruso
Signature and typed or printed name of signing officer or director

4/16/99

727-845-7686

Date Daytime Phone #

CR2E034 (1/98)