

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S87650

**Entity Name:** WILLIAMS SCHIFINO MANGIONE & STEADY P.A.

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC6657024797**

**Current Principal Place of Business:**

201 N. FRANKLIN STREET  
STE 3200  
TAMPA, FL 33602

**Current Mailing Address:**

P.O. BOX 380  
TAMPA, FL 33601 US

**FEI Number: 59-3089038**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHIFINO WILLIAM J JR  
ONE TAMPA CITY CENTER  
SUITE 3200  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name STEADY, SCOTT I  
Address 3006 SOUTH SCHILLER STREET  
City-State-Zip: TAMPA FL 33629

Title PRESIDENT, MANAGING DIRECTOR  
Name SCHIFINO, WILLIAM J JR.  
Address 2408 S. DUNDEE ST.  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name WILLIAMS, ROBERT V.  
Address 16201 SIERRA DE AVILA  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR  
Name MANGIONE, RALPH P.  
Address 5107 W. LONGFELLOW AVENUE  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name AGLIANO, JOHN J.  
Address P.O. BOX 172308  
City-State-Zip: TAMPA FL 33672-0308

Title DIRECTOR  
Name RAINEY, R. MARSHALL  
Address 6102 AUDUON MANOR BLVD.  
City-State-Zip: LITHIA FL 33547

Title DIRECTOR  
Name SCHIFINO, JOHN A  
Address 128 BOSPHOROUS AVENUE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name STOLER, ROBERT M  
Address 10106 WHITE TROUT LANE  
City-State-Zip: TAMPA FL 33618

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM J. SCHIFINO, JR.**

**PRESIDENT / MANAGING 04/26/2016**  
**DIRECTOR**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RUSSELL, JOHN D  
Address        3512 WEST KENSINGTON AVENUE  
City-State-Zip: TAMPA FL 33629