

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S87650

**FILED**  
**Apr 14, 2021**  
**Secretary of State**  
**1128664796CC**

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

**Current Principal Place of Business:**

C/O WILLIAM J. SCHIFINO, JR.  
401 EAST JACKSON STREET SUITE 1500  
TAMPA, FL 33602

**Current Mailing Address:**

C/O WILLIAM J. SCHIFINO, JR.  
401 EAST JACKSON STREET SUITE 1500  
TAMPA, FL 33602 US

**FEI Number:** 59-3089038

**Certificate of Status Desired:** No

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

SCHIFINO WILLIAM J JR  
C/O GUNSTER  
401 EAST JACKSON STREET SUITE 1500  
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	Title	PRESIDENT, MANAGING DIRECTOR
Name	STEADY, SCOTT I	Name	SCHIFINO, WILLIAM J JR.
Address	3006 SOUTH SCHILLER STREET	Address	2408 S. DUNDEE ST.
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629
Title	DIRECTOR	Title	DIRECTOR
Name	WILLIAMS, ROBERT V.	Name	MANGIONE, RALPH P.
Address	16201 SIERRA DE AVILA	Address	5107 W. LONGFELLOW AVENUE
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	TAMPA FL 33629
Title	DIRECTOR	Title	DIRECTOR
Name	AGLIANO, JOHN J.	Name	RAINEY, R. MARSHALL
Address	4201 W. AZEELE STREET	Address	6102 AUDUON MANOR BLVD.
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	LITHIA FL 33547
Title	DIRECTOR	Title	DIRECTOR
Name	SCHIFINO, JOHN A	Name	STOLER, ROBERT M
Address	128 BOSPHOROUS AVENUE	Address	10106 WHITE TROUT LANE
City-State-Zip:	TAMPA FL 33606	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** 04/14/2021  
**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