FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 SEP 24 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 216969 (6)

1. Corporation Name
FILIPPELLO BROTHERS, INC.

Principal Place of Business
P.O. BOX 11002
2801 E. HILLSBORO AVE.
TAMPA FL 33680

Mailing Address
P.O. BOX 11002
2801 E. HILLSBORO AVE.
TAMPA FL 33680

3. Date Incorporated or Qualified: 11/06/1958
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-0702739 ☐ Applied ☐ Not Apl

5. Certificate of Status Desired ☐ $8.75 Additi Fee Require

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Added to Fe

8. This corporation has liability for intangible tax under s 199.0 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FILIPPELLO, PETER P
10019 HAMPTON PLACE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 100001955971
09/25/96 01026 014
84 City ***225.00 ***225.00 Zip Code

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 registe 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FILIPPELLO, PETER PAUL 10019 HAMPTON PLACE TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FILIPPELLO, MICHAEL L 3011 SAN MIGUEL TAMPA FL 33629	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Paid 5-13-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FILIPPELLO, FAYE L 10019 HAMPTON PLACE TAMPA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ CK 4436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Reinstatement Fee Waived Due to lost check! SCL 9-24-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Paid

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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 ma 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 m appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Betty P. Filippello

SIGNATURE: Peter Paul Filippello Pres. 5/13/96 237-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Peter Paul Filippello

D437