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

FILED
Jun 25 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 #**
1. Corporation Name 237237
Annco Inc

Principal Place of Business: 2342 West Arch Tampa FLA. 33607
Mailing Address: Same

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 Same | 2a. Mailing Address<br>26 same |
| Suite, Apt. #, etc.<br>22 NA | Suite, Apt. #, etc.<br>27 NA |
| City & State<br>23 TAMPA FL. 33607 | City & State<br>28 |
| Zip / Country<br>24 33607 / 25 Hills. | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: 1960
4. FEI Number: 596072803 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Nelson S. Nicoletto<br>2342 Arch St<br>Tampa, Fl 33607 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 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 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: Nelson S Nicoletto (Signature of New Registered Agent, if changing) DATE: 6-20-98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | Pres, Sec, P.S. ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Nelson S. Nicoletto | 1.2 NAME | |
| STREET ADDRESS | 2342 Arch | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Tampa Fl. 33607 | 1.4 CITY-ST-ZIP | |
| TITLE | V Pres, Treas. V.P ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Deborah Nicoletto Caballero | 2.2 NAME | |
| STREET ADDRESS | 15834 5th St SW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Largo Fl. 33549 | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | 300002576423 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -06/30/98--01071--001 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***150.00 |

6/25

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 added on an attachment with an address.

**SIGNATURE:** Nelson S Nicoletto (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 6-20-98

CR2E034 (10/97)

NELSON
2342 ARCH ST
TAMPA, FL 33607

Request taken by: mmilligan
06-16-1998

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Note
I have been out town I did not received the form form the State

thanks
Nelson L Nicolette