

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

DOCUMENT # 305642 (1)

1. Corporation Name

S. AGLIANO & SONS FISH COMPANY



Principal Place of Business

1821 E. 7TH AVE.
TAMPA FL 33605
US

Mailing Address

P.O. BOX 5595
TAMPA FL 33675
US

3. Date Incorporated or Qualified
05/31/1966

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1172583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AGLIANO, SEBASTIAN
589 LUZON
TAMPA, FLORIDA
33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Alina Perrone *Alina Perrone*

4-30-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME AGLIANO, SEBASTIAN
STREET ADDRESS 589 LUZON
CITY-ST-ZIP TAMPA, FLORIDA 00000
☐ DELETE

TITLE VD
NAME AGLIANO, MIRTHA
STREET ADDRESS 589 LUZON
CITY-ST-ZIP TAMPA, FLORIDA 00000
☐ DELETE

TITLE STD
NAME PERRONE, ALINE
STREET ADDRESS 412 DANUBE AVE
CITY-ST-ZIP TAMPA, FLORIDA 00000
☐ DELETE

TITLE STD
NAME PERRONE, ALINE
STREET ADDRESS 412 DANUBE AVE
CITY-ST-ZIP TAMPA, FLORIDA 00000
☐ DELETE

TITLE PD
NAME AGLIANO, SEBASTIAN
STREET ADDRESS 589 LUZON
CITY-ST-ZIP TAMPA, FLORIDA 00000
☐ DELETE

TITLE VD
NAME AGLIANO, MIRTHA
STREET ADDRESS 589 LUZON
CITY-ST-ZIP TAMPA, FLORIDA 00000
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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 registered 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.

SIGNATURE

Alina Perrone *Alina Perrone*

4/30/96 (83) 2/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)