

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90295 001 \*\*\*150.00

DOCUMENT # 305642

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1966

4. FEI Number

59-1172583

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGLIANO, SEBASTIAN  
589 LUZON  
TAMPA, FLORIDA  
33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AGLIANO, SEBASTIAN	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AGLIANO, MIRTHA	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PERRONE, ALINE	
STREET ADDRESS	406 CHIPPWA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PERRONE, ALINE	
STREET ADDRESS	412 DANUBE AVE	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AGLIANO, SEBASTIAN	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AGLIANO, MIRTHA	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALINE A. PERRONE

Date

Daytime Phone #

4-27-99 (813) 248-2187

CR2E034 (11/98)

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