

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90009 032 ***150.00

DOCUMENT # 330603

1. Corporation Name
ANELLO TILE & TERRAZZO INC

Principal Place of Business
1116 W. CARMEN STREET
TAMPA FL 33606

Mailing Address
1116 W. CARMEN STREET
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1968

4. FEI Number

59-1211498

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 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 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ANELLO,VITO J
1116 W. CARMER STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

JOSEPH L. GUIDA

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

916 GASTON PL

83

TAMPA, FL 33604

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

Signatures, words or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

JOSEPH L. GUIDA PD

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME ANELLO,VITO J
STREET ADDRESS 1801 ST. ISABEL
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE
NAME ANELLO,DELIA
STREET ADDRESS 1801 ST. ISABEL
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME GUIDA JOSEPH L.
1.3 STREET ADDRESS 916 GASTON PL
1.4 CITY-ST-ZIP TAMPA, FL 33604

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME CASTELLANO KENNETH A.
2.3 STREET ADDRESS 2118 W. KENTUCKY AVE.
2.4 CITY-ST-ZIP TAMPA, FL 33607

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME DIAZ VICTORIA A.
3.3 STREET ADDRESS 6721 DONALD AVE.
3.4 CITY-ST-ZIP TAMPA, FL 33614

4.1 TITLE STD ☒ Change ☐ Addition
4.2 NAME NICHOLSON MARILYN J.
4.3 STREET ADDRESS 6704 PARADISE BAY WAY
4.4 CITY-ST-ZIP TAMPA, FL 33615

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

JOSEPH L. GUIDA PD

4/27/99

813-2533458

Date

Daytime Phone #

CR2E034 (11/98)

0386531