

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

FILED  
Apr 15 1996 8:00 am  
Secretary of State

DOCUMENT # 401088 (0)

1. Corporation Name

EDWARD RODRIGUEZ AND COMPANY, INC.

Principal Place of Business

5108 WEST HANNA AVENUE  
TAMPA FL 33634

Mailing Address

5108 WEST HANNA AVENUE  
TAMPA FL 33634



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/12/1972

3a. Date of Last Report

04/24/1995

4. FEI Number

59-6059943

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐ No

10. Name and Address of New Registered Agent

RODRIGUEZ, EDWARD J  
5108 WEST HANNA AVENUE  
TAMPA FL 33634

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME RODRIGUEZ, EDWARD J.  
STREET ADDRESS 17119 RAINBOW TERRACE  
CITY-ST-ZIP ODESSA FL

TITLE VSD  
NAME RODRIGUEZ, MICHAEL E.  
STREET ADDRESS 10380 CARROLLWOOD LANE-APT 266  
CITY-ST-ZIP TAMPA FL

TITLE VTD  
NAME RODRIGUEZ, JOSEPH E.  
STREET ADDRESS 13009 LORNA PLACE  
CITY-ST-ZIP TAMPA FL

TITLE VD  
NAME RODRIGUEZ, EDWARD M.  
STREET ADDRESS 5108 WEST HANNA AVE  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME RODRIGUEZ, EDWARD J.  
1.3 STREET ADDRESS 17119 Rainbow Terrace  
1.4 CITY-ST-ZIP ODESSA, FL 33556

2.1 TITLE VSD  
2.2 NAME RODRIGUEZ, MICHAEL E.  
2.3 STREET ADDRESS 1556 Patricia Ave  
2.4 CITY-ST-ZIP Dunes, FL 34698

3.1 TITLE VTD  
3.2 NAME RODRIGUEZ, JOSEPH E.  
3.3 STREET ADDRESS 17122 LONG ACRES LANE  
3.4 CITY-ST-ZIP ODESSA, FL 33556

4.1 TITLE V/D  
4.2 NAME RODRIGUEZ, EDWARD M.  
4.3 STREET ADDRESS 5108 WEST HANNA AVE.  
4.4 CITY-ST-ZIP TAMPA, FL 33634

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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.

SIGNATURE:

*Edward J. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/96 (813) 886-9782

CR2E034 (12/95)