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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33634-8020



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

3. Date Incorporated or Qualified

05/12/1972

3a. Date of Last Report

04/15/1996

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, EDWARD J
5108 WEST HANNA AVENUE
TAMPA FL 33634

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, EDWARD J.	
STREET ADDRESS	17119 RAINBOW TERRACE	
CITY-ST-ZIP	ODESSA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MICHAEL E.	
STREET ADDRESS	1556 PATRICIA AVENUE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JOSEPH E.	
STREET ADDRESS	17122 LONG ACRES LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, EDWARD M.	
STREET ADDRESS	5108 WEST HANNA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, MICHAEL E.	
2.3 STREET ADDRESS	1556 PATRICIA AVE.	
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
3.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<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		

14. I do 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.

SIGNATURE:

Michael E. Rodriguez 4/28/97 (813) 886-9782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)