

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 07, 1999 8:00 am
Secretary of State

04-07-1999 90050 019 ***150.00

DOCUMENT # 404248

1. Corporation Name
THOMAS VENA REALTY, INC.

Principal Place of Business

1901 E. 7TH AVE
SUITE 4
TAMPA FL 33605
US

Mailing Address

1901 E. 7TH AVE
SUITE 4
TAMPA FL 33605
US

2. Principal Place of Business

21 11007 N. 56th ST

Suite, Apt. #, etc.

22 SUITE K

City & State

23 TEMPLE TERRACE, FL

Zip

24 33617

Country

25 Hillsborough

2a. Mailing Address

26 11007 N. 56th ST

Suite, Apt. #, etc.

27 SUITE K

City & State

28 TEMPLE TERRACE, FL

Zip

29 33617

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

VENA, THOMAS E
1901 E. 7TH AVE
SUITE 4
TAMPA FL 33605

11007 N. 56th ST
SUITE K
TEMPLE TERRACE, FL
33617

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 PD ☐ DELETE

NAME VENA, THOMAS E
STREET ADDRESS 6314 MORINGMIST COURT
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE SD ☐ DELETE

NAME VENA, PRISCILLA
STREET ADDRESS 6314 MORINGMIST COURT
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS VENA PRESIDENT 4/1/99 813 985 4648

CR2E034 (11/98)