05-04-1999 90156 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

| | 1999 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DIVISION OF CO | ORPORAT | IONS | 05-04-1999 90156 026 ***150.00 | |
|---|---|--|-----------------------------|-------------------------|---|--|--|
| DOCUI | WENT # 44 | | | | | | |
| NONAN | TINANIN, COLLIG | rico, iivo. | | | | | |
| | | | | | | . | |
| Principal Place of Business Mailing Address | | | | | | | |
| 12346 US HWY 19 HUDSON FL 34667 HUDSON FL 34667 | | | | | | | |
| HOUSON FL 34 | 007 | THE STATE OF THE S | 0000N 1L 04007 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date incorporated or Qualifed 12/26/1973 | |
| 2. Principal P | face of Business | 2a | . Mailing Address | | - | 4. FEI Number Applied For | |
| 21 | | 26 | | | | 59-1502200 Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | | 27 | | | Fee Required | |
| City & State | | | City & State | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | |
| Žip | Country | | Zip | Country | у | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 | | 30 | | Personal Property Tax. ☐ Yes ☐ No | |
| | 9. Name and Addres | is of Current Regi | stered Agent | 81 | Name | 10. Name and Address of New Registered Agent | |
| GIG | ANTI, RICHARD F | | | 6 | i ivanie | | |
| 8605 MILL CREEK LANE | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| BOYONET POINT, FL | | | | | | | |
| 33567 | | | | " | 83 | | |
| | | | | 84 | 84 City FL 85 Zip Code | | |
| 44 0 | to the annulations of Cost | ana 607 0502 and 0 | en7 1509 Elogida Statutos | the abov | | | |
| office or r | to the provisions of Secti egistered agent, or both, | in the State of Flori | ida. Such change was auf | thorized by | the corpo | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered | |
| agent. I a | m familiar with, and acce | pt the obligations o | f, Section 607.0505, Florid | da Statute: | 5 . | } | |
| SIGNATURE | Signature, typed or printed name | of registered agent and title | e if applicable. (NOTE: F | Registered Age | nt signature re | equired when reinstating) DATE | |
| 12. | | FICERS AND DIR | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | ST | ☐ DELETE 1.1 | | 1.1 TTLE | | ☐ Change · ☐ Addition . | |
| NAME | GIGANTI, RUTH B | GIGANTI, RUTH B | | 1.2 NAME | | | |
| STREET ADDRESS | 8605 MILLCREEK L | N/N | | 1.3 STREE | TADDRESS | | |
| CITY-ST-ZIP BAYONET POINT, FL 00000 | | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | Р | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | GIGANTI, RICHARD | | | 2.2 NAME | | | |
| STREET ADDRESS | 8605 MILLCREEK L | | 2.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | BAYONET POINT, FL 00000 | | | 2.4 CITY- | | Change - Addition: | |
| TITLE | | | _ DELETE | 3.1 TITLE | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | | ET ADDRESS | • | |
| CITY-ST-ZIP | | | | 3.4. CITY- 4.1 TITLE | | Change ☐ Addition | |
| | | | | 4.1 IIILE 4.2 NAME | | | |
| NAME CTOSET ADODESC | | | | | ET ADDRESS | | |
| STREET ADDRESS | | | | 4.4 CITY- | | { | |
| | | | | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS · | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY- | ST-ZIP | | |
| TITLE | | | [] DELETE | 6.1 TITLE | | Change Addition | |

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 coporation 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 chapter 607 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS