

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **549023** ✓

1. Corporation Name

**POZZI ENTERPRISES, INC.**

Principal Place of Business  
**10420 PIPER DRIVE  
NEW PORT RICHEY FL 34654**

Mailing Address  
**10420 PIPER DRIVE  
NEW PORT RICHEY FL 34654**

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90014 019 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/12/1977**

4. FEI Number

**59-1806807**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business  
21 **3937 Lake Joyce Dr.**

2a. Mailing Address  
26 **3937 Lake Joyce Dr.**

City & State  
23 **Land O' Lakes FL**

City & State  
28 **Land O' Lakes FL**

Zip Country  
24 **34639 USA**

Zip Country  
29 **34639 USA**

9. Name and Address of Current Registered Agent

**KLIMIS ESQ GEORGE N  
30 N RING AVE SUITE 400  
NEW PORT RICHEY FL 33654**

10. Name and Address of New Registered Agent

81 Name **Daniel P. Rock P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5426 Crafts Street**

83

84 City **New Port Richey FL** 85 Zip Code **34652-3963**

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 **DANIEL P. ROCK**

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

**Daniel P. Rock**

(NOTE: Registered Agent signature required when reinstating)

**8/30/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **POZZI, DOLORES L.**  
STREET ADDRESS **10420 PIPER DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **VD** ☒ DELETE  
NAME **POZZI, MICHAEL E.**  
STREET ADDRESS **6 SUNSHINE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **STD** ☐ DELETE  
NAME **DURBAK, JANICE P**  
STREET ADDRESS **1402 N VALLEY PARKWAY #908**  
CITY-ST-ZIP **LEWISVILLE TX 75067**

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 **Janice P. Durbak**  
1.3 STREET ADDRESS **1637 San Antonio Lane**  
1.4 CITY-ST-ZIP **Lewisville TX 75067**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **John C. Pozzi**  
2.3 STREET ADDRESS **12255 Pasco Trails Blvd.**  
2.4 CITY-ST-ZIP **Spring Hill FL 34610**

3.1 TITLE **STD** ☒ Change ☐ Addition  
3.2 NAME **November J. Pozzi**  
3.3 STREET ADDRESS **3614 Carrollwood Place Circle #108**  
3.4 CITY-ST-ZIP **Tampa FL 33624**

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.

SIGNATURE **Janice P. Durbak** **Janice P. Durbak** **8-23-99 972-401-7103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0105621