

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**FILED**  
**Feb 02 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 629734 (5)**

1. Corporation Name

**GARCIA & ORTIZ, P.A.**



Principal Place of Business

Mailing Address

**888 EXECUTIVE CENTER DR W  
STE 101  
ST PETERSBURG FL 33702**

**888 EXECUTIVE CENTER DR W  
STE 101  
ST PETERSBURG FL 33702**

3. Date Incorporated or Qualified  
**07/16/1979**

3a. Date of Last Report  
**04/04/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1633902**

Applied For  
Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

24

25

Country

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTIZ, LOUIS P  
888 EXECUTIVE CENTER DR W  
SUITE 101  
ST PETERSBURG FL 33702**

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 of person providing information and preparing return

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**VD**

☐ DELETE

NAME

**VALDES, FRANK**

STREET ADDRESS

**114 11TH AV**

CITY-STATE-ZIP

**ST. PETERSBURG BCH FL**

TITLE

**STD**

☐ DELETE

NAME

**GARCIA, LUIS**

STREET ADDRESS

**7619 LAKE CYPRESS DR**

CITY-STATE-ZIP

**TAMPA, FL 00000**

TITLE

**PD**

☐ DELETE

NAME

**ORTIZ, LOUIS P**

STREET ADDRESS

**6 ISLAND DR**

CITY-STATE-ZIP

**TREASURE ISL, FL 00000**

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-STATE-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-STATE-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-STATE-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

Zip: **33706**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

Zip: **33556**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

Zip: **33706**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

**V.P.  
J. Eddie Del Rio  
14004 Notreville Way  
Tampa FL 33624**

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louis P. Ortiz President**

**1-17-96 (813) 576-1245**

CR2E034 (12/95)