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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90144 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 633274

1. Corporation Name

MARIO LAMENDOLA, ARCHITECT, P.A.

Principal Place of Business

963 TRAIL TERRACE DRIVE

#E

NAPLES FL 33940

US

Mailing Address

963 TRAIL TERRACE DRIVE

#E

NAPLES FL 33940

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1979

4. FEI Number

59-6475382

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAMENDOLA, MARIO

2335 TAMiami TRAIL N #504

NAPLES FL 33940

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 ☐ DELETE

NAME **PT**

STREET ADDRESS **LAMENDOLA, MARIO**

CITY-ST-ZIP **963 TRAIL TERRACE DRIVE, #E**

NAPLES FL

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **BOLTZ, JEFFREY**

CITY-ST-ZIP **963 TRAIL TERRACE DRIVE, #E**

NAPLES FL

TITLE ☐ DELETE

NAME **S**

STREET ADDRESS **LAMENDOLA, PATRICIA**

CITY-ST-ZIP **5029 31ST AVE SW**

NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)