

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

DOCUMENT # 670644

1. Corporation Name
VERI-FACT ASSOCIATES INCORPORATED

Principal Place of Business

6519 126TH AVE N
STE A
LARGO FL 33773
US

Mailing Address

P. O. BOX 10141
STE. N
ST. PETERSBURG FL 33733
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90001 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1980

4. FEI Number

59-1991148

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 8077 38th Avenue North

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL

City & State

28 City & State

24 Zip 33710 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

DI STEFFANO, VINCENT A
6519 126TH AVE N
SUITE A
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name

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

8077 38th Avenue North

83

84 City St. Petersburg

FL

85 Zip Code 33710

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

Vincent A. Di Stefano
Signature, typed or printed name of registered agent and title if applicable.

Vincent A. Di Stefano

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DI STEFANO, VINCENT A
STREET ADDRESS 6519 126TH AVE N STE A
CITY-ST-ZIP LARGO FL 33773

TITLE D ☐ DELETE
NAME DI STEFANO, BEVERLY K.
STREET ADDRESS 6519 126TH AVE N, SUITE A
CITY-ST-ZIP LARGO FL

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

8077 38th Avenue North
St. Petersburg, FL 33710

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8077 38th Avenue North
St. Petersburg, FL 33710

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

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:

Vincent A. Di Stefano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

727-345-2825

Daytime Phone #

CR2E034 (1/98)