

FILE NOW: FILING FEE IS \$61.25

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

04-23-1999 90043 008 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 713233**

1. Corporation Name

**LOPEZ, INC.**

Principal Place of Business

7177 58TH STREET-NORTH  
 PINELLAS PARK FL 34665

Mailing Address

7177 58TH STREET-NORTH  
 PINELLAS PARK FL 34665



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

08/22/1967

4. FEI Number

23-7155025

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

9. Name and Address of Current Registered Agent

HAGGERTY, MICHAEL  
 1700 WINCHERSTER RD NO  
 ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name *Michael J. Haggerty*

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

1700 WINCHERSTER Rd. No

83

84 City *St. Petersburg*

FL

85 Zip Code

33710

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Michael J. Haggerty*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 17 1999*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCAVELLI, MICHAEL A	
STREET ADDRESS	6861 59TH ST NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DECAPRIA, FRANKLIN D	
STREET ADDRESS	2601 50TH AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DRURY, ALFRED L	
STREET ADDRESS	7403 46TH AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAWSON, GARY J	
STREET ADDRESS	5238 48TH TERRACE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRICETTO, BERNARD J.	
STREET ADDRESS	9650 68TH WAY N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHELLHORN, ANDREW J.	
STREET ADDRESS	5891-64TH TERRACE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

*Michael J. Haggerty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/99*  
 Date

Daytime Phone #

CR2E037 (1/98)