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 # G81987

THE A.G. MAURO COMPANY OF FLORIDA, INC.

Principal Place of Business Mailing Address					<u> </u>	01011 	AIRII 81811 1981
1105 SAND POND ROAD LAKE MARY FL 32746 LAKE MARY FL 32746							
CARE MARTY TE SZ740				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
•					11/28/1983		j.
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number	T Ac	plied For
21		26			59-2346564	├	ot Applicable
	ot. #, etc.	Suite, Apt. #, etc.				\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	
City & S	tate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Count	try	8. This corporation owes the current year Ir	tangible	
24	25	29	30		Personal Property Tax.	¥ Yes	□No
	9. Name and Address of Curre	ent Registered Agent	, I.		10. Name and Address of New Registered	Agent	
		:	8	1 Name			
MILES, RICHARD P.				2 Street Add	(B.O. B. Marker) M. A.		
	05 SAND POND ROAD		ď	Street Add	Iress (P.O. Box Number is Not Acceptable)		
LA	KE MARY FL 32746		ē	13		·····	
		,					
			8	City	FI	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 of	r registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized b	by the corporati	ion's board of directors. I hereby accept the appo	intment as re-	gistered
	,	jations of, decilot our tools, i for	ua Statut	şa.			
SIGNATUR	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Ag	ent signature require	ed when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP v a v v v v v v v v v v v v v v v v v	☐ DELETE	1.1 TITLE			Change	Addition
NAME .	MILES, RICHARD C		1.2 NAMI	E	•		
STREET ADDRE			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL		1,4 CITY				
TITLE			2.1 TITLE			Change	Addition
NAME	MAURO, RAYMOND J.		2.2 NAME			_ ,	_
STREET ADDRE				ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE			Change	☐ Addition
				-			
NAME	MILES, RICHARD P.	•	3.2 NAME				
STREET ADDRES			3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY FL		3.4. CITY-ST-ZIP		<u> </u>		
TITLE	View Children as	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	MAURO, RAYMOND A.		4. 2 NAME				
STREET ADDRES			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	•			÷
STREET ADDRES	ss		5.3 STRE	ET ADDRESS	• .		
	···		5 4 AFD/	OT 310			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90056 019 ***150.00

☐ Change

Addition

CR2E034 (11/98)