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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G82748** (6)
1. Corporation Name
ANTHONY GENNARO PLUMBING CONTRACTOR, INC.

Principal Place of Business
**8406 WOODHURST DR
TAMPA FL 33615**

Mailing Address
**8406 WOODHURST DR
TAMPA FL 33615-2045**

3. Date Incorporated or Qualified
01/30/1984

3a. Date of Last Report
01/30/1996

2. Principal Place of Business
21 **4819 TEA ROSE CT.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **4819 TEA ROSE CT.**
Suite, Apt. #, etc.

4. FEI Number
59-2402193

Applied For
Not Applicable

22 City & State
LUTZ, FLORIDA

27 City & State
LUTZ, FLORIDA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country
33549-9004 U.S.A.

28 Zip Country
33549-9004 U.S.A.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 9. Name and Address of Current Registered Agent

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

**GENNARO, ANTHONY
8406 WOODHURST DR
TAMPA FL 33615**

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	P	<input type="checkbox"/> DELETE
NAME	GENNARO, ANTHONY	
STREET ADDRESS	8406 WOODHURST DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GENNARO, LESLIE	
STREET ADDRESS	8406 WOODHURST DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GENNARO, ANTHONY	
1.3 STREET ADDRESS	4819 Tea Rose Ct.	
1.4 CITY-ST-ZIP	LUTZ, FL 33549-9004	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GENNARO, Leslie	
2.3 STREET ADDRESS	4819 Tea Rose Ct.	
2.4 CITY-ST-ZIP	LUTZ, FL 33549-9004	
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 do 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.

SIGNATURE: **Leslie J. Gennaro** **LESLIE J. GENNARO** 2-12-97 (813) 930-4050

CR2E034 (9/96)