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03-05-1999 90052 048 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G95157

1. Corporation Name

ARMANDO CARNEVALI & SONS, INC.

Principal Place of Business

CENTRE SQUARE
1505 N.FLORIDA AVE..#A
TAMPA FL 33602

Mailing Address

CENTRE SQUARE
1505 N.FLORIDA AVE..#A
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1984

4. FEI Number

59-2405122

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 5420 Bay Center Dr.

Suite, Apt. #, etc.

22 102

City & State

23 Tampa, Florida

Zip

24 33609

Country

25 USA

2a. Mailing Address

26 5420 Bay Center Dr.

Suite, Apt. #, etc.

27 102

City & State

28 Tampa, Florida

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

BARCARELLA & BACCARELLA
4144 NORTH ARMENIA AVE
SUITE 210
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
Baccarella & Baccarella
82 Street Address (P.O. Box Number is Not Acceptable)
4144 N. Armenia Ave.
83 Suite 300
84 City
Tampa

FL

85 Zip Code
33607

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. Each 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

18 Feb 99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CARNEVALE, ARMANDO
STREET ADDRESS 1401 N.W.SHORE BLVD #114
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME CARNEVALE, GIOVANNI
STREET ADDRESS 7915 PAT BLVD.
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE
NAME CARNEVALE, ROSA
STREET ADDRESS 7915 PAT BLVD.
CITY-ST-ZIP TAMPA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Carnevale, Armando
1.3 STREET ADDRESS 7915 Pat Blvd.
1.4 CITY-ST-ZIP Tampa, Florida

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Armando Carnevale 2-16-99 813-2862630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)