

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

H15087

(0)

FERRENTINO & SON, INC.

Principal Place of Business

240-C S.W. 8TH ST.
P.O. BOX 5758
OCALA, FLORIDA 34471
US

Mailing Address

240-C S.W. 8TH ST
P.O. BOX 5758
OCALA, FLORIDA 34471
US

3. Date Incorporated or Qualified
08/02/1984

3a. Date of Last Report
03/10/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2467162

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

23
Zip Country

28
Zip Country

24
Country

29
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRENTINO, BARBARA A.
240-C S.W. 8TH STREET
OCALA, FLORIDA 34471

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
240 - C S.W. 8TH STREET

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, as applicable

(NOTE: Registered Agent Signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME FERRENTINO, BARBARA
STREET ADDRESS 555 S.W. 72ND LANE
CITY-ST-ZIP Ocala, Florida 34476 ☐ DELETE

TITLE VSD
NAME FERRENTINO, EDWARD
STREET ADDRESS 555 S.W. 72ND LANE
CITY-ST-ZIP Ocala, Florida 34476 ☐ DELETE

TITLE D
NAME OWENS, BRADLEY
STREET ADDRESS 6584 S.E. 89TH STREET
CITY-ST-ZIP Ocala, Florida 34472 ☐ DELETE

TITLE D
NAME HALE, LINDA J.
STREET ADDRESS 4333 NE 22ND COURT
CITY-ST-ZIP Ocala, Florida 34479 ☒ DELETE DECEASED

TITLE D
NAME FERRENTINO, JULIE S.
STREET ADDRESS 555 S.W. 72ND LANE
CITY-ST-ZIP Ocala, Florida 34476 ☐ DELETE

TITLE D
NAME STEPPEN, THOMAS
STREET ADDRESS 3245 S.W. 46TH AVENUE
CITY-ST-ZIP Ocala, Florida 34474 ☐ DELETE

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

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

400001798884
-04/29/96--01062--030
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA A. FERRENTINO, PRESIDENT

4/22/96

352/237-8800

Date

Daytime Phone

CR2E034 (12/95)