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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90076 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H15087

1. Corporation Name

FERRENTINO & SON, INC.

Principal Place of Business

555 S.W. 72ND LANE
OCALA FL 34478
US

Mailing Address

P.O. BOX 5758
OCALA FL 34478-5758
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1984

4. FEI Number

59-2467162

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRENTINO, BARBARA A
555 S.W. 72ND LANE
OCALA FL 34478

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BENNETCH, SUZANNE E**
STREET ADDRESS **12595 NE HWY 315**
CITY-ST-ZIP **FT MCCOY FL 32134**

1.1 TITLE **VSD** ☐ Change ☒ Addition
1.2 NAME **FERRENTINO, EDWARD**
1.3 STREET ADDRESS **555 S.W. 72ND LANE**
1.4 CITY-ST-ZIP **OCALA, FLORIDA 34478**

TITLE **D** ☐ DELETE
NAME **FERRENTINO, CATHY**
STREET ADDRESS **2029 58TH LN N**
CITY-ST-ZIP **CLEARWATER FL 34620**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **STEPHEN, THOMAS**
2.3 STREET ADDRESS **3245 SW 46TH AVENUE**
2.4 CITY-ST-ZIP **OCALA, FLORIDA 34474**

TITLE **D** ☒ DELETE
NAME **FERRINTINO, JULIE**
STREET ADDRESS **6226 80TH PL APT 202**
CITY-ST-ZIP **KENOSHA WI 53142**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **FERRENTINO, JULIE A.**
3.3 STREET ADDRESS **2693 SARAL SPRING CIRCLE M206**
3.4 CITY-ST-ZIP **CLEARWATER, FLORIDA 33761**

TITLE **D** ☐ DELETE
NAME **FERRENTINO, NICOLE**
STREET ADDRESS **555 SW 72ND LANE**
CITY-ST-ZIP **OCALA FL 34476**

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

TITLE **VD** ☐ DELETE
NAME **OWENS, BRADLEY**
STREET ADDRESS **6584 S.E. 89TH STREET**
CITY-ST-ZIP **OCALA FL 34472**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99

(352) 237-8800

CR2E034 (11/98)