07091999-90007-014-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90007 014 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # H71629

Corporation Name
CACIOPPO & SON OF FLORIDA, INC.

Principal Place of Business	Mailing Address
27 COBLE DR). BOX 5009 LTONA FL 32728-5009	1927 COBLE DR P.O. BOX 5009 DELTONA FL 32728-5009 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1985

4. FEI Number: 59-2566912 — 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. ☐ Yes ☐ No

Principal Place of Business: 26
2a. Mailing Address: 27
Suite, Apt. #, etc.: 28
City & State: 29
Zip: 25 Country: 30

9. Name and Address of Current Registered Agent

CACIOPPO, ROSALIA
1927 COBLE DRIVE
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name: Vita Formoso
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 5009
83: 1307 Normandy Blvd. (32725) Street Zip
84 City: Deltona FL 85 Zip Code: 32738

1. 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: Vita — DATE: 7/12/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE: DV	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
ME: FORMOSO, VITA		1.2 NAME	P.O. Box 5009
REET ADDRESS: ~~1030 COBLE DRIVE~~ 1307 Normandy Blvd.		1.3 STREET ADDRESS	
Y-ST-ZIP: DELTONA FL		1.4 CITY-ST-ZIP	
LE: D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME: CACIOPPO, ROSALIA		2.2 NAME	
REET ADDRESS: 1927 COBLE DR		2.3 STREET ADDRESS	
Y-ST-ZIP: DELTONA FL		2.4 CITY-ST-ZIP	
LE: D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
ME: FORMOSO, GIACINTO		3.2 NAME	
REET ADDRESS: ~~1030 COBLE DRIVE~~ 1307 Normandy Blvd.		3.3 STREET ADDRESS	P.O. Box 5009
Y-ST-ZIP: DELTONA FL		3.4 CITY-ST-ZIP	
LE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

. 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.

SIGNATURE: X SIGNATURE REQUIRED — 7/6/99 — 407-574-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #