

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 # J15650 (1)

1. Corporation Name

TIMOTHY LIGUORI & ASSOCIATES, INC.



Principal Place of Business

3418 HANDY RD.
STE. #204
TAMPA FL 33618

Mailing Address

P.O. BOX 280057
TAMPA FL 33682
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WISE, ROBERT S.
3418 HANDY RD.
STE. #204
TAMPA FL 33619

3. Date Incorporated or Qualified

05/19/1986

3a. Date of Last Report

06/12/1995

4. FEI Number

59-2688726

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

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Agent (if not the same as the person registered with the agent)

Signature of Agent (if not the same as the person registered with the agent)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: PD
LIGUORI, TIMOTHY
STREET ADDRESS: 6811 ROSEMARY DR.
CITY-STATE-ZIP: TAMPA FL

1.2 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1.3 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1.4 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1.5 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1.6 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Liguori, Pres.

2-6-96

813-968-3312

Date

Office Phone #

CR2E034 (12/95)