

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90002 014 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # J66948

1. Corporation Name
DONALD E. CONTINI, INC.

Principal Place of Business

1209 S.E. 3RD AVE.
FT. LAUDERDALE FL 33316
US

Mailing Address

1209 S.E. 3RD AVE.
FT. LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1987

4. FEI Number

65-0001742

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CONTINI, DONALD E.
1209 S.E. 3RD AVE.
SUITE 1710
FT. LAUDERDALE FL 33316

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 607.0505, 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

TITLE **DPS** ☐ DELETE
NAME **CONTINI, DONALD E**
STREET ADDRESS **1209 S.E. 3RD AVE.**
CITY-ST-ZIP **FT. LAUDERDAL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 ☐ 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

(740) 587-4151

CR2E034 (5/99)

*Columbus Life
Insurance Company*

HOME OFFICE  CINCINNATI, OHIO

CONTINI INSURANCE AGENCY

DONALD E. CONTINI

General Agent

1209 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316
OFFICE: (740) 587-4151

P.O. BOX 441
GRANVILLE, OH 43023
OFFICE: (740) 587-4151

595808-90002-14
J66948

July 12, 1999

Division of Corporations
Annual Reports Filings
PO Box 6327
Tallahassee, FL 32302-6327

Re: Donald E. Contini, Inc.
FEI #: 65-0001742

Gentlemen:

I am sending this letter of explanation along with a received Second Notice of my Corporate Annual Report and check in the amount of \$150 for my corporate filing fee. This follows a telephone conversation this date with your department regarding my not receiving the original notice for filing.

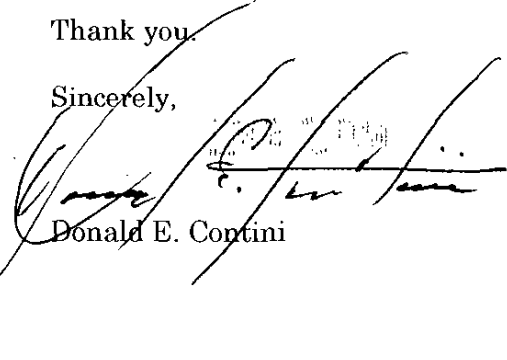
The intent of this letter is to state that I did not receive the original notice of filing. It may be because of the mailing address. Please note that this second notice was mailed to an old corporate mailing address, not the one currently listed on my filing report, my Florida business address. (copy enclosed)

I have no way of knowing what happened, I only know that I would have filed the report on time had I received it. I am a retired insurance agent, and keep the corporation in tact for reasons of simplicity, sentimentality, etc. I have had this corporation for the past 12 years.

Please accept my application for filing and check of \$150 for original filing fee and change my mailing address to: 315 North Pearl Street; Granville, OH 43023. Due to serious health problems I am presently spending more time at this address.

Thank you.

Sincerely,


Donald E. Contini

120