

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90002 013 \*\*\*550.00

DOCUMENT # **K56378**

1. Corporation Name

**PAUL T. CARDILLO, P.A.**



Principal Place of Business

7926 WEST HILLSBOROUGH AVE.  
SUITE E  
TAMPA FL 33615

Mailing Address

7926 WEST HILLSBOROUGH AVE.  
SUITE E  
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/06/1989**

2. Principal Place of Business

21 **209 W Verne St**

Suite, Apt. #, etc.

22 **Suite A**

City & State

23 **Tampa FL**

Zip

24 **33606**

Country

25 **Hillsborough**

2a. Mailing Address

26 **209 W Verne St**

Suite, Apt. #, etc.

27 **Suite A**

City & State

28 **Tampa FL**

Zip

29 **33606**

Country

30 **Hillsborough**

4. FEI Number

**65-0103413**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**CARDILLO PAUL T.**

82 Street Address (P.O. Box Number is Not Acceptable)

**209 W Verne St Suite A**

83

84 City

**Tampa**

FL

85 Zip Code

**33606**

9. Name and Address of Current Registered Agent  
**CARDILLO, PAUL T.  
7926 W. HILLSBOROUGH AVE., SUITE E  
TAMPA FL 33615**

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 **PST** ☐ DELETE

NAME **CARDILLO, PAUL T.**  
STREET ADDRESS **7926 W. HILLSBOROUGH AVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **CARDILLO, PAUL T.**  
STREET ADDRESS **7926 W. HILLSBOROUGH AVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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 **PST** ☒ Change ☐ Addition

1.2 NAME **CARDILLO PAUL T.**  
1.3 STREET ADDRESS **209 W. Verne St Suite A**  
1.4 CITY-ST-ZIP **TAMPA 33606**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **CARDILLO PAUL T.**  
2.3 STREET ADDRESS **209 W Verne St Suite A**  
2.4 CITY-ST-ZIP **TAMPA 33606**

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 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 REQUIRED**

**9/7/99**

CR2E034 (5/99)

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