

APPROVED
AND
FILED

(4)

PAUL E. FONTANA, INC.

SEXY - 1 PM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[REDACTED] [REDACTED] [REDACTED]

% RAYMOND P MACK JR
2515 COUNTRYSIDE BLVD.. #B
CLEARWATER FL 34623

% RAYMOND F MACK JR
2515 COUNTRYSIDE BLVD.. #B
CLEARWATER FL 34622

3. Date By Which This Form Is Due		3a. Date of Last Request	
02/21/1989		04/26/1994	
4. ID Number		Applied For	
59-2933865		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 application is not subject to additional tax under 1989 Act () Yes ☒ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONTANA, PAUL E.
2515 COUNTRYSIDE BOULEVARD
SUITE 8
CLEARWATER FL 34623

81	Name:	
82	Street Address: (P.O. Box Number is best Acceptation)	
83		
84	City:	FL
85	Zip Code:	

11. There are no other provisions of law known to the undersigned that require Florida distribute the above-mentioned corporation's returns, this statement for the purposes of changing its registered office or registered agent or both in the State of Florida. Any change was authorized by the corporation's board of directors, thereby, in and to the appointment of a registered agent. I am hereby attesting and certifying the foregoing to be true and correct.

EXP. NO. 11

^a Values are means ± SD.

[illegible]

2.

12. <u>NAME OF ADDRESSEE</u>		13. <u>ADDRESS AND CITY</u>	
NAME	DP FONTANA, PAUL E. 619 BAYWOOD DR.N. DUNEDIN FL	NAME	
UNIT ADDRESS		UNIT ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
UNIT ADDRESS		UNIT ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
UNIT ADDRESS		UNIT ADDRESS	
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STATE		STATE	
ZIP		ZIP	
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UNIT ADDRESS		UNIT ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
UNIT ADDRESS		UNIT ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

[illegible]

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/93

873 734-4136