

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90137 005 ***150.00

0500471

DOCUMENT # K80959

1. Corporation Name

FERRENTINO CORPORATION NO. 1

Principal Place of Business

281 VALIANT AVE
7720 VENICE DRIVE
SPRING HILL FL 34608
US

Mailing Address

1281 VALIANT AVE
7720 VENICE DRIVE
SPRING HILL FL 34608
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1989

4. FEI Number
59-2953812

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12430 CITATION ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 12430 CITATION ROAD
Suite, Apt. #, etc.

City & State

23 BROOKSVILLE, FL
Zip Country

24 34610 25 USA

City & State

28 BROOKSVILLE, FL
Zip Country

29 34610 30 USA

9. Name and Address of Current Registered Agent

FERRENTINO, PETER
7720 VENICE DRIVE
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

PETER FERRENTINO

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

12430 CITATION ROAD

83

84 City

BROOKSVILLE

85 Zip Code

FL 34610

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 of 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 *Peter Ferrentino*
Signature, typed or printed name of registered agent and title if applicable.

PETER FERRENTINO PRES.
(NOTE: Registered Agent signature required when reinstating)

DATE 04-26-99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FERRENTINO, PETER
STREET ADDRESS 7720 VENICE DRIVE
CITY-ST-ZIP PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME PETER FERRENTINO
1.3 STREET ADDRESS 12430 CITATION ROAD
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34610

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE *Peter Ferrentino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 04-26-99

DAYTIME PHONE 813-927-9259

CR2E034 (11/98)