

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 09, 1999 8:00 am
Secretary of State

04-09-1999 90023 017 ***150.00

DOCUMENT # L10436

1. Corporation Name

COMMUNITY CONNECTIONS, INC.

Principal Place of Business

% JOSEPH L. DIAZ
2522 WEST KENNEDY BLVD
TAMPA FL 33609

Mailing Address

% JOSEPH L. DIAZ
2522 WEST KENNEDY BLVD
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1989

4. FEI Number

59-2965635

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 Tax.

☐

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DIAZ, JOSEPH L.
2522 WEST KENNEDY BLVD
TAMPA FL 33609

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

☒ DELETE

TITLE D

NAME MANTEIGA, ROLAND

STREET ADDRESS 3210 E 7TH AVENUE

CITY-ST-ZIP TAMPA FL

TITLE P

NAME MANTEIGA, R. PATRICK

STREET ADDRESS 3210 E. 7TH AVENUE

CITY-ST-ZIP TAMPA FL

TITLE VP

NAME MANTIEGA, ROLAND M.

STREET ADDRESS 3210 E. 7TH AVENUE

CITY-ST-ZIP TAMPA FL

TITLE ST

NAME SCHMECHER, LOUISE C.

STREET ADDRESS 4806 N. GALLAGHER ROAD

CITY-ST-ZIP PLANT CITY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President

2.2 NAME Manteiga, R. Patrick

2.3 STREET ADDRESS 10905 Theresa Arbor Drive

2.4 CITY-ST-ZIP Temple Terrace, FL 33617

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Vice-President

4.2 NAME Schmechel, LouiseC.

4.3 STREET ADDRESS 10905 Theresa Arbor Drive

4.4 CITY-ST-ZIP Temple Terrace, FL 33617

5.1 TITLE Secretary/Treasurer

5.2 NAME Manteiga, Angela

5.3 STREET ADDRESS 10905 Theresa Arbor Drive

5.4 CITY-ST-ZIP Temple Terrace, FL 33617

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: *Patrick Manteiga* Patrick Manteiga, President

3/25/99

813/248-3921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0388907

0388907 111081