FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L20481** **(2)**

1. Corporation Name

TOMASELLO & ASSOCIATES, INC.

Principal Place of Business

8001 N DALE MABRY STE 501C
TAMPA FL 33614

Mailing Address

8001 N DALE MABRY STE 501C
TAMPA FL 33614

3. Date Incorporated or Qualified: **10/02/1989**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2973570** — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BLENNER, WALTER W., ESQ.
2708 ALT. 19 NORTH
SUITE 701
PALM HARBOR FL 34683

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 607.150(4), 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TOMASELLO, PETER	
STREET ADDRESS	5333 BAYWATER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	MURTHY, NALLURM C	
STREET ADDRESS	2170 W STATE RD 434-220	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	☒ DELETE
NAME	GURMAN, CANAN	
STREET ADDRESS	2170 W STATE RD 434-220	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TSS	☐ DELETE
NAME	THOMPSON, E PAUL	
STREET ADDRESS	13128 TIFTON DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	☒ DELETE
NAME	BELLA, JOSEPH C	
STREET ADDRESS	5559 BAYWATER DR	
CITY-ST-ZIP	TAMPA FL	
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	TOMASELLO, PETER A	
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	T/S/D	☒ 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	V/D	☐ Change ☒ Addition
6.2 NAME	TOMASELLO, PETER L	
6.3 STREET ADDRESS	8919 BRELAND DR	
6.4 CITY-ST-ZIP	TAMPA, FL 33626	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a separate statement with an address.

SIGNATURE: _____ 4/9/96 (813) 935-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E Paul Thompson Secy-Treas.

CR2E034 (12/95)