

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90100 005 ***150.00

DOCUMENT # L21065

1. Corporation Name

ANTHONY C. MOSCA JR. ENTERPRISES, INC.

Principal Place of Business

13008 AGATHA LANE
SPRING HILL FL 34609
US

Mailing Address

P. O. BOX 15617
SPRING HILL FL 34609-5617
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1989

4. FEI Number

59-2969578

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.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

P.O. Box 15617

SPRING HILL, FL

34609

9. Name and Address of Current Registered Agent

MOSCA, MICHELLE
13008 AGATHA LANE
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

MOSCA, Michelle

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

3471 DRISTON AVE

83

84 City

SPRING HILL

FL

85 Zip Code

34609

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 P
NAME MOSCA, ANTHONY C., JR.
STREET ADDRESS 13008 AGATHA LANE
CITY-ST-ZIP SPRING HILL FL 34609 ☒ DELETE

TITLE V
NAME MOSCA, MICHELLE
STREET ADDRESS 13008 AGATHA LANE
CITY-ST-ZIP SPRING HILL FL 34609 ☒ DELETE

TITLE ST
NAME MOSCA, KATHY
STREET ADDRESS 13008 AGATHA LANE
CITY-ST-ZIP SPRING HILL FL 34609 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME MOSCA, Michelle
1.3 STREET ADDRESS 3471 DRISTON AVE
1.4 CITY-ST-ZIP SPRING HILL FL 34609 ☐ Change ☒ Addition

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

3.1 TITLE V.S.T
3.2 NAME MOSCA, KATHY
3.3 STREET ADDRESS 13008 SPRING HILL DR
3.4 CITY-ST-ZIP SPRING HILL, FL 34609 ☒ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: MICHELLE MOSCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99 352-683-4139

CR2E034 (11/98)

0492551