

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

DOCUMENT # **L50517**

1. Corporation Name

SOZIO CONSTRUCTION CO.

Principal Place of Business

**909 SE 47TH TERRACE #105
CAPE CORAL FL 33904**

Mailing Address

**909 SE 47TH TERRACE #105
CAPE CORAL FL 33904**

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90083 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1990

4. FEI Number

65-0206821

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SOZIO, ANTHONY S
2504 SE 24TH PLACE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

Same

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

1201 SW 54th Lane

83

84 City

Cape Coral

FL

85 Zip Code

33914

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

Anthony S. Sozio

Anthony S. Sozio President

Jan 15, 1999

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SOZIO, ANTHONY S
2504 SE 24TH PLACE
CAPE CORAL FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SOZIO, SYLVESTER
159 PINE ISLAND RD.
CAPE CORAL FL 33909**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SOZIO, ANTHONY S III
1211 S.W. 46TH ST
CAPE CORAL FL 33914**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SOZIO, NICHOLAS A
1211 S.W. 46TH ST
CAPE CORAL FL 33914**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SOZIO, SCOTT M
2504 SE 24TH PLACE
CAPE CORAL FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Same
Same
1201 SW 54th Lane
Cape Coral, FL 33914**

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**SAME
SAME
513 SE 23rd Place
Cape Coral, FL 33990**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**SAME
SAME
225 SW 33rd Terrace
Cape Coral FL 33914**

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**SAME
SAME
1331 SE 6th Street
Cape Coral, FL 33990**

☐ 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: **Anthony S. Sozio** 1-15-99 (941) 540-7443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)