

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90022 032 \*\*\*\*61.25

**DOCUMENT # N00486**

1. Corporation Name

**THE MASTROGIACOMO DUO, INC.**

Principal Place of Business

C/O LEONARD MASTROGIACOMO  
2809 ST. LEONARD DRIVE  
TALLAHASSEE FL 32312

Mailing Address

C/O LEONARD MASTROGIACOMO  
2809 ST. LEONARD DRIVE  
TALLAHASSEE FL 32312



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**12/20/1983**

4. FEI Number

**59-2351513**

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

9. Name and Address of Current Registered Agent

MASTROGIACOMO, LEONARD  
2809 ST. LEONARD DRIVE  
TALLAHASSEE FL 32312

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME DP  
STREET ADDRESS MASTROGIACOMO, LEONARD  
CITY-ST-ZIP 2809 ST LEONARD DR  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS MASTROGIACOMO, NORMA  
CITY-ST-ZIP 2809 ST. LEONARD DR.  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS FLEET, IRVING  
CITY-ST-ZIP 1575 HICKORY AVE  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS GLIDDEN, ROBERT  
CITY-ST-ZIP 6759 CIRCLE J  
TALLAHASSEE FL

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS KELLEY, CLAIRE  
CITY-ST-ZIP 3203 ENTERPRISE DR  
TALLAHASSEE 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

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

☐ 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

☐ Change ☐ Addition

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 617, 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: **Leonard Mastrogiacomo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/23/99 850-386-8730**

CR2E037 (5/99)

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