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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P93000069546 (8)

1. Corporation Name
ITALIANO - STALLINGS INC.

Principal Place of Business	Mailing Address
2900 E 7TH AVE TAMPA FL 33605	2900 E 7TH AVE TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993

2. Principal Place of Business	2a. Mailing Address
21 1704 W. KENNEDY BLVD.	26 1704 W. KENNEDY BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33606 Country 25 U.S.A.	Zip 29 33606 Country 30 U.S.A.

4. FEI Number: 59-3210550 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ITALIANO, ANTHONY S SR 2900 E 7TH AVE TAMPA FL 33605	81 Name: ANTHONY S. ITALIANO SR. 82 Street Address (P.O. Box Number is Not Acceptable): 1704 W. KENNEDY BLVD. 83 84 City: TAMPA FL 85 Zip Code: 33606

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. Italiano ANTHONY S. ITALIANO, SR., PRES. 4/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	ITALIANO, ANTHONY S SR		1.2 NAME	ANTHONY S. ITALIANO SR.	
STREET ADDRESS	2900 E 7TH AVE	ADDR. CHANGE ONLY	1.3 STREET ADDRESS	1704 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33605		1.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	OVST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STALLINGS, WAYNE		2.2 NAME		
STREET ADDRESS	2901 10TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Anthony S. Italiano 4/16/98 (813)254-3883