

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 # P93000079099 (6)

1. Corporation Name

ALL FLORIDA CO-OP, INC.



Principal Place of Business

P.O. BOX 75941  
TAMPA FL 33675

Mailing Address

P.O. BOX 75941  
TAMPA FL 33675

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 750 W. Linder Blvd

26

Suite, Apt. #, etc.

22 Suite A

27

City & State

23 Brandon FL

28

Zip

24 33511

Country

25 Hillsborough

29

Zip

26 33511

Country

30

Country

4. FEI Number

59-3208893

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ESCOBIO, MICHAEL  
1313 SHORT STREET  
BRANDON FL 33510

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 607.1508, 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

Michael Escobio

(NOTE: Registered Agent signature required when reinstating)

1-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2. TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

DATE

813-64-5954

Daytime Phone #

CR2E034 (12/95)