

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90264 037 ***150.00

DOCUMENT # P94000000688

1. Corporation Name

MICHAEL D'AGOSTINO, P.A.

Principal Place of Business

14 DEL PRADO BLVD.
SUITE 201
CAPE CORAL FL 33909
US

Mailing Address

14 DEL PRADO BLVD.
SUITE 201
CAPE CORAL FL 33909
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1993

4. FEI Number

65-0456142

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

21 10480 STRINGFELLOW RD.

Suite, Apt. #, etc.

22 STE. 3

City & State

23 ST. JAMES CITY, FL

Zip

24 33956

Country

25

2a. Mailing Address

26 10480 STRINGFELLOW RD

Suite, Apt. #, etc.

27 STE. 3

City & State

28 ST. JAMES CITY, FL

Zip

29 33956

Country

30

9. Name and Address of Current Registered Agent

D'AGOSTINO, MICHAEL
14 DEL PRADO BLVD., SUITE 201
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name

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

10480 STRINGFELLOW RD., STE. 3

83

84 City

ST. JAMES CITY FL

85 Zip Code

33956

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

4-21-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME D'AGOSTINO, MICHAEL
STREET ADDRESS 14 DEL PRADO BLVD., SUITE 201
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 10480 STRINGFELLOW RD, STE. 3

1.4 CITY-ST-ZIP ST. JAMES CITY, FL 33956

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL D'AGOSTINO

4/21/99

Date

941-282-2626

Daytime Phone #

CR2E034 (11/98)

0439849