

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

08-02-1999 90007 021 ***150.00

DOCUMENT # **P94000009529**

1. Corporation Name

ROBERT AND SHERYL TOMMASINI, INC.

Principal Place of Business

**3834 BRITTON PLAZA
TAMPA FL 33611**

Mailing Address

**3834 BRITTON PLAZA
TAMPA FL 33611**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMMASINI, SHERYL
3834 BRITTON PLAZA
TAMPA FL 33611**

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

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 **P** ☐ DELETE

NAME **TOMMASINI, SHERYL**
STREET ADDRESS **205 TREASURE DR**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE

NAME **TOMMASINI, ROBERT**
STREET ADDRESS **205 TREASURE DR**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

SIGNATURE:

ROBERT TOMMASINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/99 813-837-4555

CR2E034 (5/99)

0086876

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699559-90007-21

J. T. PATTERSON & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

2415 West Azelee Street
Tampa, FL 33609
(813) 254-4411
Fax: (813) 250-9118

July 22, 1999

Secretary of State
Florida Department of State
Division of Corporations
P.O. box 6327
Tallahassee, FL 32314

RE: Robert and Sheryl Tommasini, Inc.

Enclosed please find the annual report for the corporation listed above, EIN: 59-3220841. Also enclosed is a check for \$ 150.00 for the annual fee.

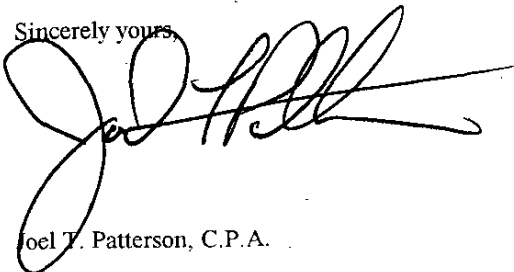
The taxpayers never received their first notice, and were unaware it had not been filed. They usually send the first notice for my review, and mail it promptly upon return from my office, with a cover letter of instructions for filing.

On behalf of the officers of Robert and Sheryl Tommasini, Inc. , I would like to request a waiver of the \$ 400.00 penalty for late filing. The company is a small, family business which demonstrates a high degree of care to ensure that all of their tax returns and licenses are promptly filed and paid. My office usually attempts to alert all of our clients of the need to return these reports, to avoid the \$ 400.00 penalty. We were unaware that this report had not been filed, and did not therefore advise them accordingly.

My office is instituting new policies to monitor the filing of these reports this coming year, to help ensure that our clients do file their annual reports timely, and are aware of the late filing penalty.

The taxpayers have always been on time in the past, and hope that you will take this into consideration in reviewing their request for a penalty waiver.

Sincerely yours,



Joel T. Patterson, C.P.A.