

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 # **P94000012353 (6) 4979 C**

1. Corporation Name

LENNY & VINNY'S, INC.

Principal Place of Business

**6950 CENTRAL AVE.
160
ST. PETERSBURG FL 33707
US**

Mailing Address

**6950 CENTRAL AVE.
160
ST. PETERSBURG FL 33707
US**



2. Principal Place of Business

21 **6950 CENTRAL AVENUE**

Suite, Apt. #, etc.

22 **SUITE 180**

City & State

23 **ST. PETERSBURG FL**

Zip

24 **33707** Country **U.S.**

9. Name and Address of Current Registered Agent

**SAMSON-JOSEPH, MARION L.
6950 CENTRAL AVE., SUITE 160
ST. PETERSBURG FL 33707**

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

03/06/1995

4. FEI Number

59-3230784

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

PAUL L. SAMSON

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

6950 CENTRAL AVE. STE. 180

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33707

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

TITLE **DP** ☐ DELETE

NAME **SAMSON, PAUL**
STREET ADDRESS **11101 N. DALE MABRY HIGHWAY**
CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☒ DELETE

NAME **STEINBACH, ALAN P.**
STREET ADDRESS **6950 CENTRAL AVE., SUITE 160**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **STD** ☒ DELETE

NAME **SAMSON-JOSEPH, MARION L.**
STREET ADDRESS **6950 CENTRAL AVE., SUITE 160**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME
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

D P S T

☒ Change ☐ Addition

1.2 NAME

SAMSON, PAUL

1.3 STREET ADDRESS

**8403 BENJAMIN ROAD, STE. A
TAMPA FL 33634**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)