

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000022560 (4)

1. Corporation Name

NEGRETE ENTERPRISES, INC.

Principal Place of Business

8902 ROSEBANK COURT
TAMPA FL 33615-5710

Mailing Address

8902 ROSEBANK COURT
TAMPA FL 33615-5710

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
03/21/1994

3a. Date of Last Report

4. FEI Number

59-3233145

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

7. This corporation has liability for intangible tax under § 199.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 5325 GUNN HWY

2a. Mailing Address

26 Suite Apt #, etc.

Suite, Apt #, etc.

22 City & State

23 TAMPA FL

27 City & State

28

24 33624 25 41136

29 30

9. Name and Address of Current Registered Agent

SCHAFFER, MARIA I
8902 ROSEBANK COURT
TAMPA FL 33615-5710

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

Signature of Agent or person authorized to appoint agent and the corporation

(If the Registered Agent has also resigned, attach resignation)

Signature of the corporation

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐ Change ☒ Addition
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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(1)(b), Florida Statutes. I further certify that the information included 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:

MARIA I Schaffer (P.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-95
Maria I. Schaffer (813) 886-6095
Date Signature