

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000070613 (2)

1. Corporation Name

LENNY & VINNY'S OF TOWN & COUNTRY, INC.



Principal Place of Business

8430 W. HILLSBOROUGH AVE.  
TAMPA FL 33615

Mailing Address

8430 W. HILLSBOROUGH AVE.  
TAMPA FL 33615

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

6950 CENTRAL AVE.

4. FEI Number

59-3271622

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

SUITE 180

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

ST. PETERSBURG FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

33707

30

PINELLAS

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBACH, ALAN  
6950 CENTRAL AVE.  
SUITE 180  
ST. PETERSBURG FL 33707

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 the filer (if filer is not the registered agent)

(If filer is not the registered agent, signature required when registering)

DATE

04-25-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAMSON, PAUL L	
STREET ADDRESS	2 ADELIA AVE UNIT 405	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SAMSON-JOSEPH, MARION L	
STREET ADDRESS	6950 CENTRAL AVE STE 160	
CITY - ST - ZIP	ST PETERSBURGH FL 33707	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STEINBACH, ALAN P	
STREET ADDRESS	6950 CENTRAL AVE STE 160	
CITY - ST - ZIP	ST PETERSBURGH FL 33707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAMSON, PAUL L.	
1.3 STREET ADDRESS	8403 BENJAMIN ROAD, STE. A	
1.4 CITY - ST - ZIP	TAMPA FL 33634	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-96 813-341-2122

CR2E034 (12/95)