

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 # P94000082063 (6)

1. Corporation Name

LENNY & VINNY'S OF BRANDON, INC.



Principal Place of Business

Mailing Address

887 E. BLOOMINGDALE AVE.
BRANDON FL 33511

887 E. BLOOMINGDALE AVE.
BRANDON FL 33511

3. Date Incorporated or Qualified
10/12/1994

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 26 6950 CENTRAL AVENUE

4. FEI Number

59-3293268

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 25 29 30 33707 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

PAUL L. SAMSON

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

6950 CENTRAL AVENUE, SUITE 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SAMSON, PAUL L
STREET ADDRESS 11101 NORTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33618

TITLE ST ☒ DELETE
NAME SAMSON-JOSEPH, MARION L
STREET ADDRESS 6950 CENTRAL AVE STE 160
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE VP ☒ DELETE
NAME STEINBACH, ALAN P
STREET ADDRESS 6950 CENTRAL AVE STE 160
CITY-ST-ZIP ST PETERSBURG FL 33704

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 L.
1.3 STREET ADDRESS 8403 BENJAMIN ROAD, SUITE A
1.4 CITY-ST-ZIP TAMPA FL 33634

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-96 8/3-341-7122

CR2E034 (12/95)