## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500001927

1. Corporation Name

PENNACHIO AND DOSTER, INC.

Principal Place of Business	<ul> <li>Mailing Address</li> </ul>	
215 EAST MAIN ST. BARTOW FL 33830	215 EAST MAIN ST. BARTOW FL 33830	

## Apr 20, 1999 8:00 am Secretary of State

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21	oplied For of Applicable Additional equired May Be to Fees
BARTOW FL 33830  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 12/30/1994  4. FEI Number 59-3298909  Suite, Apt. #, etc. 22  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 28  City & State 28  City & State 28  Trust Fund Constribution Trust Fund Constribution Trust Fund Constribution Trust Fund Constribution Added Trust Fund Constribution Trust Fund Constribution Added Trust Fund Constribution Added Trust Fund Constribution Trust Fund Constribution Added Trust Fund Constribution Trust Fund Constribution Added Trust Fund Constribution Trust Fund Constribution Trust Fund Constribution Added Trust Fund Constribution Trust Fund Constribution Trust Fund Constribution Added Trust Fund Constribution This Printed Tame In This SPACE  3. Date Incorporated or Qualifed 12/30/1994 4. FEI Number 59-3298909 50. Certificate of Status Desired Fee F 59-3298909 50. A FEI Number 50. Certificate of Status Desired Fee F 59-3298909 50. A FEI Number 50. Certificate of Status Desired Fee F 59-3298909 50. A FEI Number 50. Certificate of Status Desired Fee F 50. Certificate of Status Desired Fee F 50. Certificate of Status Desired Fee F 59-3298909 50. A FEI Number 50. Certificate of Status Desired Fee F 59-3298909 50. A FEI Number 50. Certificate of Status Desired Fee F 50. Certificate of Status Desired Fee F 50. Certificate of Status Fee F 50. Certific	ot Applicable Additional equired May Be
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2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. FEI Number 59-3298909 5. Suite, Apt. #, etc. 5. Certificate of Status Desired   \$8.75 certifi	ot Applicable Additional equired May Be
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	equired May Be
27   State   City & State   Country   Zip   Country   St. This corporation owes the current year Intangible   Personal Property Tax.   Yes   Yes	May Be
City & State  28  City & State  28  City & State  28  Country  Zip  Country  Zip  Country  Signature, typed or printed name of registered agent and title of applicable.  City & State  City & State  City & State  Trust Fund Contribution  8. This corporation owes the current year Intangible Personal Property Tax.  Name  10. Name and Address of New Registered Agent  81  Name  Street Address (P.O. Box Number is Not Acceptable)  82  Street Address (P.O. Box Number is Not Acceptable)  83  City  FL  85  Zip  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 is 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 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 of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution  Address  6. Election Campaign Financing Trust Fund Contribution  Address  8. This corporation owes the current year Intangible Personal Property Tax.  Street Address (P.O. Box Number is Not Acceptable)  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  Zip  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes.  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Zip Country Zip Country Added  Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  O'TOOLE, NEAL L 395 SOUTH CENTRAL AVE BARTOW FL 33830  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip  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 in 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 a gent. 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 of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE    Change   Country   Change   Country   Change   Country	to Fees
Zip Country  Zip Country  Zip Country  Signature, typed or printed name of registered agent and title of applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable.  OFFICERS AND DIRECTORS  10. Name and Address of New Registered Agent Personal Property Tax.  Signature, typed or printed name of registered agent and title of applicable.  Note:  Registered Agent signature required when reinstating)  Parts  Address (P.O. Box Number is Not Acceptable)  Signature, typed or printed name of registered agent and title of applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  TITLE  P DELETE  1.1 TITLE  OFFICERS AND DIRECTORS  1.1 TITLE  Content of the corporation owes the current year Intangible Personal Property Tax.  Signature typed or printed name of registered agent and title of applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  Change  Ch	
29 30 Personal Property Tax. Yes  9. Name and Address of Current Registered Agent  O'TOOLE, NEAL L 395 SOUTH CENTRAL AVE BARTOW FL 33830  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Etil Value of City  FL 85 Expectation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in 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 a gent. 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  TITLE  P GENERAL L  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zipature. (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zipature. (P.O. Box Number is Not Acceptable)  85 Zipature. (P.O. Box Number is Not Acceptable)  86 Zipature. (P.O. Box Number is Not Acceptable)  87 Zipature. (P.O. Box Number is Not Acceptable)  88 Zipature. (P.O. Box Number is Not Acceptable)  89 Zipature. (P.O. Box Number is Not Acceptable)  80 Zipature. (P.O. Box Number is Not Acceptable)  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zipature. (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zipature. (P.O. Box Number is Not Acceptable)  85 Zipature. (P.O. Box Number is Not Acceptable)  86 Zipature. (P.O. Box Number is Not Acceptable)  87 Zipature. (P.O. Box Number is Not Acceptable)  88 Zipature. (P.O. Box Number is Not Acceptable)  89 Zipature. (P.O. Box Number is Not Acceptable)  80 Zipature. (P.O. Box Number is Not Acceptable)  81 Zipature. (P.O. Box Number is Not Acceptable)  81 Number is Not Acceptable.  82 Zipature. (P.O. Box Number is Not Acceptable.)  83 Zipature. (P.O. Box Nu	
9. Name and Address of Current Registered Agent  O'TOOLE, NEAL L 395 SOUTH CENTRAL AVE BARTOW FL 33830  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip  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 is 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 a 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  TITLE  P Change	□No
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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, with all other like empowered.

SIGNATURE: