

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90076 008 \*\*\*150.00

DOCUMENT # P95000047561

1. Corporation Name  
35 S LEMON, INC.



Principal Place of Business Mailing Address  
35 S LEMON AVE 1193 COQUILLE ST 35 S LEMON AVE 1193 COQUILLE ST  
SARASOTA FL 34236 SARASOTA, FL 34242 SARASOTA FL 34236 SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 1193 COQUILLE ST 26 1193 COQUILLE ST  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 SARASOTA FL 28 SARASOTA, FL  
Zip Country Zip Country  
24 34242 25 SARASOTA 29 34242 30 SARASOTA

3. Date Incorporated or Qualified  
06/16/1995  
4. FEI Number 65-0611346 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
PERINE, DOLORES A  
35 S LEMON AVE  
SARASOTA FL 34236  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1193 COQUILLE ST  
83  
84 City SARASOTA FL 85 Zip Code 34242

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERINE, DOLORES A	1.2 NAME	
STREET ADDRESS	35 S LEMON AVE	1.3 STREET ADDRESS	1193 COQUILLE ST
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENAFRO, MICHAEL G	2.2 NAME	
STREET ADDRESS	5342 MONTCLAIR PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENAFRO, DAVID	3.2 NAME	
STREET ADDRESS	2114 HIBISCUS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENAFRO, LOUIS J	4.2 NAME	
STREET ADDRESS	3613 BELMONT BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Solomon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99  
Date

Daytime Phone #

CR2E034 (11/98)