

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 # P95000065492 (7)

1. Corporation Name

LENNY & VINNY'S OF GATEWAY CROSSING, INC.



Principal Place of Business

8403 BENJAMIN ROAD, SUITE A
TAMPA FL 33634

Mailing Address

8403 BENJAMIN ROAD, SUITE A
TAMPA FL 33634

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 10484 ROOSEVELT BOULEVARD

2a. Mailing Address

26 6950 CENTRAL AVENUE

4. FEI Number

59-3341225

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 ST. PETERSBURG FL

City & State

27 SUITE 180
28 ST. PETERSBURG FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33716

Country

25 PINELLAS

Zip

29 33707

Country

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

KASS, MIKE
1505 N. FLORIDA AVENUE
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME SAMSON, PAUL
STREET ADDRESS 8403 BENJAMIN ROAD, SUITE A
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.1 TITLE D P S T
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

813-341-7122

CR2E034 (12/95)