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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

10484 ROOSEVELT BLVD
ST PETERSBURG FL 33718
US

Mailing Address

6850 CENTRAL AVE
STE 180
ST PETERSBURG FL 33707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1995

4. FEI Number

59-3341225

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26 8405 BENJAMIN RD

Suite, Apt. #, etc.

27 SUITE J

City & State

28 TAMPA FL

Zip

29 33634

Country

30 US

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

9. Name and Address of Current Registered Agent

PAUL L. SAMSON
6850 CENTRAL AVE
STE 180
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

HANEY, RREID

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

101 E. KENNEDY BLVD

83

SUITE 4100

84 City

TAMPA

FL

85

Zip Code

33602

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

Paul L. Samson

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPST
STREET ADDRESS SAMSON, PAUL
CITY - ST - ZIP 8405 BENJAMIN ROAD, SUITE J
TAMPA FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 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.

SIGNATURE:

Paul L. Samson

PAUL L. SAMSON

4/6/98

813-882-4336

CR2E034 (10/97)