

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90007 011 ***150.00

DOCUMENT # P95000069343

1. Corporation Name

DASCO OF TAMPA, INC.

Principal Place of Business

401 SUNSET DR.
BRANDON FL 33511

Mailing Address

401 SUNSET DR.
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

59-3353149

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2801 E. HILLSBOROUGH AVENUE
Suite, Apt. #, etc.

22 TAMPA WHOLESALE PRODUCE MARKET

23 TAMPA, FLORIDA

24 33610 25 U.S.A.

2a. Mailing Address

26 P. O. Box 0555
Suite, Apt. #, etc.

27

28 BRANDON, FLORIDA

29 33509-0555 30 U.S.A.

9. Name and Address of Current Registered Agent

DIAZ, JOSEPH L
2522 W. KENNEDY BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE DTSH
NAME SCOLARO, DONALD A
STREET ADDRESS 401 SUNSET DR.
CITY-ST-ZIP BRANDON FL 33511
XX DELETE

TITLE DSSH
NAME SCOLARO, NILDA B
STREET ADDRESS 401 SUNSET DR.
CITY-ST-ZIP BRANDON FL 33511
XX DELETE

TITLE VDSH
NAME SCOLARO, NOELLE L
STREET ADDRESS 7605 CARACAL CT
CITY-ST-ZIP TAMPA FL 33625
☐ DELETE

TITLE PDSH
NAME SCOLARO, DONALD A JR
STREET ADDRESS 2601 BERRYVINE PLACE
CITY-ST-ZIP VALRICO FL 33594
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 VICE-PRESIDENT; SECRETARY; DIRECTOR
3.2 NAME & STOCKHOLDER
3.3 STREET ADDRESS NOELLE L. SCOLARO, 401 SUNSET DRIVE, BRANDON,
3.4 CITY-ST-ZIP FLORIDA 33511
☒ Change ☐ Addition

4.1 TITLE PRESIDENT; DIRECTOR & STOCKHOLDER
4.2 NAME *DONALD A. SCOLARO, JR.
4.3 STREET ADDRESS 2601 BERRYVINE PLACE
4.4 CITY-ST-ZIP VALRICO, FLORIDA 33594
☒ Change ☐ Addition

5.1 TITLE TREASURER; DIRECTOR
5.2 NAME *DEREK B. FONTE
5.3 STREET ADDRESS 1303 WILLOW VALLEY DRIVE
5.4 CITY-ST-ZIP BRANDON, FLORIDA 33510
☐ Change ☐ Addition

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(813) 689-4396

Daytime Phone #

CR2E034 (1/198)