

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 # P95000082621 (0)

1. Corporation Name

AE & PHY INVESTMENTS, INC.



Principal Place of Business

5018 SLEIGHBELL LANE  
NEW PORT RICHEY FL 34652

Mailing Address

5018 SLEIGHBELL LANE  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

21 5147 MARINE PARKWAY

Suite, Apt. #, etc.

22 SUITE C

City & State

23 NEW PORT RICHEY, FL

Zip

24 34652

Country

25 USA

2a. Mailing Address

26 5147 MARINE PARKWAY

Suite, Apt. #, etc.

27 SUITE C

City & State

28 NEW PORT RICHEY, FL

Zip

29 34652

Country

30 USA

3. Date Incorporated or Qualified

10/25/1995

3a. Date of Last Report

4. FEI Number

59-3349724

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TUBOLINO, ANTHONY T  
5147 MARINE PARKWAY, SUITE C  
NEW PORT RICHEY, FL 34652

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 the "I" block state)

(NOTE: Registered Agent signature required when new state)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME TUBOLINO, PHYLLIS A  
STREET ADDRESS 5018 SLEIGHBELL LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE STD ☐ DELETE

NAME TUBOLINO, ANTHONY T  
STREET ADDRESS 5018 SLEIGHBELL LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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 PVD ☒ Change ☐ Addition

1.2 NAME TUBOLINO, PHYLLIS A  
1.3 STREET ADDRESS 5147 MARINE PARKWAY, SUITE C  
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME TUBOLINO, ANTHONY T  
2.3 STREET ADDRESS 5147 MARINE PARKWAY, SUITE C  
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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:

Anthony T. Tubolino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 813-843-0060

CR2E034 (12/95)