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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

MARK

TUSCANY CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report 2/9/96 2. Principal Piace of Business 2a. Ma ling Address Applied For 59-3361725 21 1721 N. HOWARD AVE. Not Applicable SAME Suite Apit #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees 23 TAMPA, FL Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 24 33607 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAVID M. CALDEVILLA ESQ. 201 NORTH FRANKLIN ST. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33602 83 City Zip Code 84 85 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. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE particle approve present sent of regelerce agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. 12. ___ DELETE 1 1 TITLE ☐ Change ☐ Addition filtE PRESIDENT NO CHANGES 1.2 NAME CR2E034 VALILE MARK A. CALDEVILLA 1.3 STREET ADDRESS STREET ADDRESS 2112 WEST ERNA DR. 1.4 CITY- ST-ZIP TAMPA, FL 33603 DELETE Change 2.1 TITLE Addition TILE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET APPRIESS 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE * 3 2 NAME STREET ALORESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CHY SI 71 DELETE Change | ☐ Addilion 4.1 TITLE THE 4 2 NAME NAM: 4.3 STREET ADDRESS STREET ARRORESS 4.4 City - ST- 2iP CLY SEZ DELETE 100 5.1 TITLE Addition 5.2 NAME NAM 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP CITY 50 ... DELETE 6.1 TITLE 2000021516**5** -04/23/97--01031--040 HI I 6.2 NAME LAM 6.3 STREET ADDRESS ***173.75 STREET ANDRESS CHY SEZE

14. I do hereby certry 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 and cated 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR