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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042597

1. Corporation Name

PENNACHIO AND PENNACHIO, INC.

Principal Place of Business		Mailing Address			T (40)(04) tilb iblica diliti botti botti botti botti detti diliti diliti tibal	1891	
215 E. MAIN		215 E. MAIN .					
BARTOW FL 33830		BARTOW FL 33830			DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualified	\neg	
•	·				05/10/1996	l	
		2a. Mailing Address			4. FEI Number Applied Fo		
—	lace of Business	⊢			59-338 1645 Not Applie	$\overline{}$	
21	*	Suite, Apt. #, etc.			\$8.75 Addition	—	
Suite, Apt.	#, etc.	27	- '-		5 Certificate of Status Desired Fee Required	·	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
_	9	28			Trust Fund Contribution Added to Fees		
23]	Country	Zip	Cour	try	8. This corporation owes the current year Intangible		
24	25	29	30	•	Personal Property Tax. ☐ Yes ☐ No		
<u></u>	9. Name and Address of Curren		144	_	10. Name and Address of New Registered Agent		
				81 Name			
	DOLE, NEAL L			DO Chanal	t Address (P.O. Box Number is Not Acceptable)		
395	S. CENTRAL AVE.	•		82 Street	t Address (P.O. Box Number is Not Acceptable)	ŀ	
BAR'	TOW FL 33830		İ	83			
	, •		}	84 City	85 Zip Code		
		•	1	'	FL `` `		
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change wa tions of Section 607.0505,	as autnorized Florida Statu	by the corp les.	d corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered are required when reinstating).	-	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	(Desir aspiratore)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	DPS	☐ DELETE			☐ Change ☐ A		
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NAME	PENNACHIO, FRANK M	·	1.2 NA	Æ	5	gallori	
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14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP