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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026071

1. Corporation Name
ROCCO'S INC.

Principal Place of Business
139 N. HWY 27, CITRUS TOWER PLAZA
CLERMONT FL 34711

Mailing Address
139 N. HWY 27, CITRUS TOWER PLAZA
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3435265

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

21 806 SOUTH MAIN AVE

Suite, Apt. #, etc.

22 CLERMONT

City & State

23 FL

Zip

24 34711

Country

25 USA

2a. Mailing Address

26 806 SOUTH MAIN AVE

Suite, Apt. #, etc.

27 CLERMONT FL

City & State

28 34711

Zip

29 34711

Country

30 USA

9. Name and Address of Current Registered Agent

RICHICHI, JOHN R
139 N. HWY 27, CITRUS TOWER PLAZA
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

JOHN R RICHICHI

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

806 SOUTH MAIN AVE

83

84 City

CLERMONT

FL

85 Zip Code

34711

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 JOHN R RICHICHI, John R Richichi Pres.

3/25/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME RICHICHI, JOHN R
STREET ADDRESS 139 N. HWY 27, CITRUS TOWER PLAZA
CITY-ST-ZIP CLERMONT FL 34711 ☐ DELETE

TITLE STD
NAME RICHICHI, MARY M
STREET ADDRESS 139 N. HWY 27, CITRUS TOWER PLAZA
CITY-ST-ZIP CLERMONT FL 34711 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 PVD ☒ Change ☐ Addition
1.2 NAME RICHICHI, JOHN R
1.3 STREET ADDRESS 806 SOUTH MAIN AVENUE
1.4 CITY-ST-ZIP CLERMONT FL 34711

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME RICHICHI, MARY M
2.3 STREET ADDRESS 806 SOUTH MAIN AVENUE
2.4 CITY-ST-ZIP CLERMONT FL 34711

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

John R Richichi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 25 1999

Date

352-242-9602

Daytime Phone #

CR2E034 (11/98)

0582999