Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90097 038 \*\*\*150.00

## 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** 

## DOCUMENT # P97000031076

**GUGINO ENTERPRISES, INC.** 

Principal Place	of Business	Mailing Address	i				18 IIII) lian Bankı	18819 8114 1881
3710 PACE BLV		3710 PACE BLVD						
PENSACOLA FL		PENSACOLA FL 32503						
T CHOROOCK TE	VE500	TEMOTOGET TE VEXA				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						04/07/1997		l l
2. Principal Pl	ace of Business	2a, Mailing Add	ess			4. FEI Number	— Ar	pplied For
<del></del> -	ace of Bushieso	26				59-3437747	<u> </u>	ot Applicable
Suite, Apt.	# ata		Suite, Apt. #, etc.					Additional
	#, etc.		27			5. Certificate of Status Desired	Fee.Re	
City & State	•		City & State			6. Election Campaign Financing	\$5.00	May Be
<del></del> 7 ′	<del>-</del>	<del> </del>	<del></del>			Trust Fund Contribution		to Fees
23	Country	Zip		Country				10 1 200
Zip			Journaly		8. This corporation owes the current year	Yes	□No	
24	25 29 30				Personal Property Tax.  10. Name and Address of New Registere			
	9. Name and Address of Current	t Registered Agent		81	Name	to. Name and Address of New Registers	u Agein	
DO A	DE DOMALD A			0,	Name			
ROARK, DONALD A			82	Street Add	dress (P.O. Box Number is Not Acceptable)	·		
201 E GOVERNMENT STREET						<u>'</u>		
PENS	SACOLA FL 32501			83				
						<u> </u>		Cada
				84	City	F	85 Zip	Code
11 Durayant	to the provisions of Sections 607 0500	2 and 607 1508 Flor	ida Statutes th	e abovi	e-named cor	moration submits this statement for the purpose	of changing its	s registered
office or a	enistered agent, or both, in the State (	of Florida, Such char	ide was author	ized by	tne corporat	tion's board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.	0505, Florida S	Statutes				1
SIGNATURE								
	Signature, typed or printed name of registered agent				nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	OBS IN 12
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	D	☐ DELETE 1.1		I.1 TITLE	1		[] Change	Addition
NAME			2 NAME					
STREET ADDRESS	3710 PACE BLVD		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503		1	1.4 CITY-ST-ZIP				
TITLE			1 TITLE			Change	☐ Addition	
NAME			2 NAME					
	3710 PACE BLVD		<b>I</b> -		ADDRESS			
STREET ADDRESS	771101001171			1			ľ	
CITY-ST-ZIP	PENSACOLA IL 32303			2. 4 CITY-S 3.1 TITLE	51-ZIP		Change	☐ Addition
TITLE							٠٠	
NAME				3.2 NAME				
STREET ADDRESS			3	3.3 STREE	TADDRESS			1
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP			
TITLE			DELETE 4	I.1 TITLE			Change	☐ Addition
NAME				. 2 NAME				-
STREET ADDRESS			4	.3 STREE	T ADDRESS:			
CITY-ST-ZIP				I.4 CITY-S				l
TITLE				5.1 TITLE			Change	☐ Addition
				5.2 NAME			_ •	
NAME					T ADDRESS			
STREET ADDRESS							l	
CITY PT 7ID				4 CITY-S	T-ZIP			

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 chapter 607, or on an appear with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition