


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90078 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000023595

1. Corporation Name

DEPRISCO ASSOCIATES, INC.

Principal Place of Business

8413 ABBINGTON CIR., #311
NAPLES FL 34108

Mailing Address

8413 ABBINGTON CIR., #311
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

59-3498328

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election-Campaign-Financing-
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 804 WILLOW SPRINGS CT.
Suite, Apt. #, etc.

2a. Mailing Address

26 804 WILLOW SPRINGS CT.
Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

27 NAPLES, FL

Zip

24 34120

Country

Zip

28 34120

Country

30

9. Name and Address of Current Registered Agent

DEPRISCO, LOUIS R
8413 ABBINGTON CIR., #311
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name	DEPRISCO, JOHN S.
82 Street Address (P.O. Box Number is Not Acceptable)	804 WILLOW SPRINGS CT.
83	
84 City	NAPLES
85 Zip Code	FL 34120

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEPRISCO, LOUIS R	
STREET ADDRESS	8413 ABBINGTON CIR., #311	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEPRISCO, JOHN S.	
1.3 STREET ADDRESS	804 WILLOW SPRINGS CT.	
1.4 CITY-ST-ZIP	NAPLES, FL 34120	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John S. DePrisco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-23-99

Daytime Phone #

941-348-2198

CR2E034 (11/98)