

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 # P98000047971

1. Corporation Name
POPELLI'S, INC.

Principal Place of Business
**1704 CLEARWATER LARGO ROAD
CLEARWATER FL 33756**

Mailing Address
**1704 CLEARWATER LARGO ROAD
CLEARWATER FL 33756**

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90026 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

59-3520075

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

**CAROTENUTO, MARY
3000 GULF TO BAY BLVD., SUITE 206
CLEARWATER FL 33759**

10. Name and Address of New Registered Agent

81 Name **ROBERT D. POWELL**
82 Street Address (P.O. Box Number is Not Acceptable)
2118 WYATT CIRCLE
83
84 City **PUNTA GORDA** **FL** 85 Zip Code **33950**

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

ROBERT D. POWELL

04/14/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ROBERT D. POWELL
2118 WYATT CIRCLE
PUNTA GORDA, FLORIDA 33950**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC'Y/TREAS.
JANE B. POWELL
2118 WYATT CIRCLE
PUNTA GORDA, FLORIDA 33950**

☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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: **ROBERT D. POWELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/99 (941)-505-9092

Date

Daytime Phone #

CR2E034 (1/1/98)