

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90003 035 ***150.00

DOCUMENT # **P98000080944**

1. Corporation Name

SEGARRA ENTERPRISES, INC.

Principal Place of Business

**3856 1ST AVE. NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**3856 1ST AVE. NORTH
ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

59-3536573

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. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SEGARRA, STEVEN T
3856 1ST AVE. NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SEGARRA, STEVEN T**
STREET ADDRESS **3856 1ST AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **VPD** ☐ DELETE
NAME **GERMAIN, SALVADOR T ST.**
STREET ADDRESS **3856 1ST AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **STD** ☐ DELETE
NAME **SEGARRA, MARGARET T**
STREET ADDRESS **3856 1ST AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

T.S. CHECHELE, P.A.

Attorney at Law

T. Samantha Chechele, Esq.
5625 Central Avenue
St. Petersburg, FL 33710

Phone (727) 381-6007
Facsimile (727) 381-7909
Email: tschechele@ij.net

July 12, 1999

601312-90003-35
P98.000080944

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Segarra Enterprises, Inc.

Dear Sir or Madam:

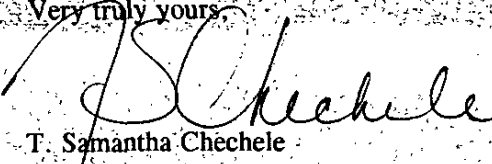
I am writing on behalf of the above-referenced corporation, transmitting the corporation's 1999 Corporation Annual Report to you.

We are requesting that you accept the enclosed check, in the amount of \$150.00 as payment in full of the 1999 filing fee. Payment of the additional penalty for late filing will result in an extreme financial hardship to this company.

The return was not filed timely, due to the fact that the corporation did not receive the original annual report form. The error was discovered only after the May 1 deadline. This is a new corporation and the owners were not fully aware of the filing requirements. Further, Steve Segarra, the president, is terminally ill and was not physically able to handle this paperwork during the time in question.

We respectfully request relief on this matter. The officers of this corporation will not ask for this consideration again. Thank you for your consideration of this matter.

Very truly yours,


T. Samantha Chechele

cc: Steve SEgarra

Enclosures