

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).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90014 023 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000106453** ✓

1. Corporation Name  
**PETRELLI AND ASSOCIATES, INC.**

Principal Place of Business: 1804 OAK RIDGE RD SAFETY HARBOR FL 34695  
 Mailing Address: 1804 OAK RIDGE RD SAFETY HARBOR FL 34695



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1998**  
 4. FEI Number: **89-2553512**  
 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 (21-23)  
 2a. Mailing Address (26-28)  
 24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent  
**DIMARCO, ROBERT F**  
**3444 EAST LAKE RD, STE 412**  
**PALM HARBOR FL 34685**

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: \_\_\_\_\_ (NOTE: Registered Agent signatures required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: **D**  DELETE  
 NAME: **PETRELLI, CHARLES A**  
 STREET ADDRESS: **1804 OAK RIDGE RD**  
 CITY-ST-ZIP: **SAFETY HARBOR FL 34695**  
 (Additional entries for officers and directors with delete checkboxes)

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: **Secretary Treasurer**  Change  Addition  
 2.2 NAME: **Joan Petrelli**  
 2.3 STREET ADDRESS: **1804 Oak Ridge Rd**  
 2.4 CITY-ST-ZIP: **Safety Harbor, FL 34695**  
 (Additional entries for additions and changes)

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: **Charles A. Petrelli** **7/9/99** **727-926-6866**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)