

AND 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

DOCUMENT # **S21557**

Corporation Name
PETE INCAUDO & ASSOCIATES, INC.

Principal Place of Business
**3838 MERIDIAN PLACE
LAND O'LAKES FL 34639**

Mailing Address
**3838 MERIDIAN PLACE
LAND O'LAKES FL 34639**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INCAUDO, PETER J.
3838 MERIDIAN PLACE
LAND O'LAKES FL 34639**

81 Name

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

83

84 City

FL

85 Zip Code

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETE	1.1 TITLE	Change Addition
D INCAUDO, PETER J. 3838 MERIDIAN PLACE LAND O'LAKES FL	<input type="checkbox"/>	1.2 NAME	<input type="checkbox"/>
		1.3 STREET ADDRESS	<input type="checkbox"/>
		1.4 CITY-ST-ZIP	<input type="checkbox"/>
D INCAUDO, JOAN ANDERSON 3838 MERIDIAN PLACE LAND O'LAKES FL	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>
		2.2 NAME	<input type="checkbox"/>
		2.3 STREET ADDRESS	<input type="checkbox"/>
		2.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>
		3.2 NAME	<input type="checkbox"/>
		3.3 STREET ADDRESS	<input type="checkbox"/>
		3.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>
		4.2 NAME	<input type="checkbox"/>
		4.3 STREET ADDRESS	<input type="checkbox"/>
		4.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>
		5.2 NAME	<input type="checkbox"/>
		5.3 STREET ADDRESS	<input type="checkbox"/>
		5.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>
		6.2 NAME	<input type="checkbox"/>
		6.3 STREET ADDRESS	<input type="checkbox"/>
		6.4 CITY-ST-ZIP	<input type="checkbox"/>

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 REQUIRED

9/8/99

**727
527-8866**

CR2E034 (5/99)