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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S51475

1. Corporation Name
FERNANDEZ & FERNANDEZ, INC.

Principal Place of Business
3810 S DALE MABRY
TAMPA FL 33611
US

Mailing Address
3810 S DALE MABRY
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1991

4. FEI Number

59-3077453

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 Tax. ☐ Yes ☐ No

2. 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

FERNANDEZ, MARY ALICE
3810 S DALE MABRY
TAMPA FL 33611

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPVP ☐ DELETE
NAME RAUL FERNANDEZ
STREET ADDRESS 16219 LK. MAGDALENE BLVD.
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D.P.
1.3 STREET ADDRESS RITA MAGGIO
1.4 CITY-ST-ZIP 3610 PINE STREET
TAMPA FL

TITLE DST ☐ DELETE
NAME FERNANDEZ, MARY ALICE
STREET ADDRESS 16219 LAKE MAGDALENE BVD
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D.V.P.
2.3 STREET ADDRESS BRIAN MAGGIO
2.4 CITY-ST-ZIP 3610 PINE ST
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME P.S.
3.3 STREET ADDRESS PERRY A. MAGGIO SR
3.4 CITY-ST-ZIP 3610 PINE ST
TAMPA, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME D.T.
4.3 STREET ADDRESS FERNANDEZ MARY ALICE
4.4 CITY-ST-ZIP 16219 LAKE MAGDALENE BVD
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Silvia Maggior*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

1-813-831-9280

Daytime Phone #

CR2E034 (11/98)