

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90024 037 ***158.75

DOCUMENT # S98146

1. Corporation Name

THE TONY ZAPPONE CORPORATION

Principal Place of Business

118 S. WESTSHORE BLVD.
SUITE 288
TAMPA FL 33609

Mailing Address

118 S. WESTSHORE BLVD.
SUITE 288
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1991

4. FEI Number

59-3097563

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

21 203 S. TRASK ST

Suite, Apt. #, etc.

22 City & State

23 TAMPA, FLA

Zip

24 33609

Country

25 USA

2a. Mailing Address

26 203 S. TRASK ST

Suite, Apt. #, etc.

27 City & State

28 TAMPA, FLA

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

ZAPPONE, TONY
118 S. WESTSHORE BLVD.
SUITE 288
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

TONY ZAPPONE

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

203 S. TRASK ST

83

84 City

TAMPA,

FL

85 Zip Code

33609

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 D ☐ DELETE

NAME ZAPPONE, TONY
STREET ADDRESS 118 S. WESTSHORE BLVD #288
CITY-ST-ZIP TAMPA FL

TITLE PST ☐ DELETE

NAME ZAPPONE, DOTTIE
STREET ADDRESS 8418 N. JONES AVE. #1
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 203 S. TRASK ST,
1.4 CITY-ST-ZIP TAMPA, FLA 33609

2.1 TITLE DST ☒ 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, with all other like empowered.

SIGNATURE:

T. ZAPPONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99 (813) 639-1093
Date Daytime Phone #

CR2E034 (11/98)