

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
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90010 017 ***550.00

DOCUMENT # **V35769**

1. Corporation Name

SOUTHERN LUCCA ENTERPRISES, INC.

Principal Place of Business

**1401 N SECOND ST
FT PIERCE FL 34950**

Mailing Address

**1401 N SECOND ST
FT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1992

4. FEI Number

65-0332805

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 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **P.O. Box 7213**

Suite, Apt. #, etc.

27 City & State

28 **CAPE PORPOISE, ME**

29 Zip **04014** **30** Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301**

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

Jacqueline M. Gelardi
Signature, typed & printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06-23-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☒ DELETE
NAME **BENDER, HELEN**
STREET ADDRESS **29 PINE GLEN DR**
CITY-ST-ZIP **BLAUVELT NY**

TITLE **VP** ☐ DELETE
NAME **GELARDI, JACQUELINE**
STREET ADDRESS **ROCKY PASTURE WILDS DISTRICT RD**
CITY-ST-ZIP **KENNEBUNKPORT ME**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PRESIDENT
Jacqueline M. Gelardi
P.O. Box 7213
CAPE PORPOISE ME 04014

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Jacqueline M. Gelardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-23-99
DATE
207-282-2892
Daytime Phone #
James Mulligan

CR2E034 (11/98)