

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36317 (8)

1. Corporation Name

LENNY & VINNY'S OF CARROLLWOOD, INC.



Principal Place of Business

11101 NO. DALE MABRY
TAMPA FL 33618
US

Mailing Address

6950 CENTRAL AVE.
SUITE 180
ST. PETERSBURG FL 33707
US

3. Date Incorporated or Qualified
05/15/1992

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

26 6950 CENTRAL AVENUE

4. FEI Number
59-3134572

Applied For
Not Applicable

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

SUITE 180

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

ST. PETERSBURG

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33707

PINELLAS

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMSON, PAUL L.
6950 CENTRAL AVE.
SUITE 180
ST. PETERSBURG FL 33707

81 Name
PAUL L. SAMSON

82 Street Address (P.O. Box Number is Not Acceptable)
6950 CENTRAL AVENUE, SUITE 180

83

84 City
ST. PETERSBURG FL 85 Zip Code
33707

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

04-25-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SAMSON, PAUL L.
STREET ADDRESS 6950 CENTRAL AVE., #180
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VPTD ☒ DELETE
NAME SAMSON-JOSEPH, MARION L
STREET ADDRESS 6950 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG 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 D P S T ☒ Change ☐ Addition
1.2 NAME SAMSON, PAUL L.
1.3 STREET ADDRESS 6950 CENTRAL AVENUE, SUITE 180
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33707

2.1 TITLE ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-98

813-341-2172

CR2E034 (12/95)