

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # V45678

(2)

1. Corporation Name

PENEDES-FLA, INC.



Principal Place of Business

Mailing Address

9309 FLORIDA AVE N
TAMPA FL 33612

9309 FLORIDA AVE N
TAMPA FL 33612

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1992

3a. Date of Last Report

01/25/1995

4. FEI Number

59-3128421

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

TREMBLAY, FRAZER
9309 FLORIDA AVE N
TAMPA FL 33612

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 of Registered Agent (if different from that applicable)

Signature of Registered Agent (signature required, if other than stockholder)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

AS
HOLDEN, HAROLD H
4309 N FLORIDA AVE
TAMPA FL

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DP
TREMBLAY, FRAZER
9309 N FLORIDA AVE
TAMPA FL

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

☐ Change ☐ Addition

2. 1. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

3. 1. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

☐ Change ☐ Addition

4. 1. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

☐ Change ☐ Addition

5. 1. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

☐ Change ☐ Addition

6. 1. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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:

Harold H. Holden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

813-932-4319

CR2E034 (12/95)