

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000150882

**Entity Name:** AVACORP INC

**Current Principal Place of Business:**

15810 FENTON PL  
TAMPA, FL 33618

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC7628154794**

**Current Mailing Address:**

15810 FENTON PL  
TAMPA, FL 33618

**FEI Number: 20-3786943**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VACCARO, ANN  
15810 FENTON PL  
TAMPA, FL 33618 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name VACCARO, ANN  
Address 15810 FENTON PL  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name VACCARO, LOUIS F IV  
Address 15810 FENTON PL  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name VACCARO, SHERRY A  
Address 15810 FENTON PL  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name VACCARO, MAGALI  
Address 15810 FENTON PL  
City-State-Zip: TAMPA FL 33618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANN VACCARO**

**PRESIDENT**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date