

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **492444** (5)

1. Corporation Name  
**TAMPA BAY MARINA, INC.**



Principal Place of Business  
**205 S. HOOVER STREET  
TAMPA FL 33609**

Mailing Address  
**205 S. HOOVER STREET  
TAMPA FL 33609**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1975</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FFI Number <b>59-0943571</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HUGHEY, L. M. 205 HOOVER STREET TAMPA FL 33609</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>HUGHEY, L M</b>		1.2 NAME				
STREET ADDRESS	<b>205 HOOVER ST</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>		1.4 CITY-ST-ZIP				
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>CARTER, SHIRLEY H</b>		2.2 NAME				
STREET ADDRESS	<b>205 S HOOVER ST</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>		2.4 CITY-ST-ZIP				
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	<b>HURST, H E</b>		3.2 NAME				
STREET ADDRESS	<b>205 S HOOVER ST</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>		3.4 CITY-ST-ZIP				
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>RAWLINS, WANITA M.</b>		4.2 NAME				
STREET ADDRESS	<b>205 S HOOVER ST</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>		4.4 CITY-ST-ZIP				
TITLE	<b>ASD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BROWNE, DAN</b>		5.2 NAME				
STREET ADDRESS	<b>205 S. HOOVER ST.</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA FL</b>		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

**Handwritten notes in Block 13:**  
 VD ~~F.D.~~ **FARMER, J.D.** #400  
 205 S. HOOVER ST.  
 TAMPA FL 33609  
 V, AS, D **BROWNE, J.D.**  
 205 S. HOOVER ST. #400  
 TAMPA, FLORIDA

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: *Dan Browne V-P* 4/26/96 813 286 2323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)