

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713451 (3)
 1. Corporation Name
TAMPA BAY AUBURN CLUB, INC.

FILED
 95 JAN 26 PM 3:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13905-A BARDMOOR PLACE POST OFFICE BOX 1850 (N/A) TAMPA FL 33601-1850 US	POST OFFICE BOX 1850 (N/A) P.O. BOX 1850 TAMPA FL 33601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1967	3a. Date of Last Report 05/01/1994
4. FEI Number 71-3451392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

DYAL JR, LUCIUS M
 1400, 501 E KENNEDY BLVD
 TAMPA, FL
 33602

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADCOCK, MIKE
STREET ADDRESS	107 E. FOWLER AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	P
NAME	JACOBS, JOHN
STREET ADDRESS	13905-A BARDMOOR PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	SELVEY, JAMES D.
STREET ADDRESS	11202 MEADOW MOOR CT.
CITY-ST-ZIP	RIVERVIEW FL
TITLE	S
NAME	FOWLER, WAYNE
STREET ADDRESS	13324 LAKE GEORGE PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	JACKSON, RON
STREET ADDRESS	511 ROYAL GREEN DR.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	WALL, HINDMAN
STREET ADDRESS	12010 BRUSHY PINE PL
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID HARRIS
3.3 STREET ADDRESS	11400 4th St. N. # 415
3.4 CITY-ST-ZIP	St. Pete, FL 33716
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rhonda Caldwell
5.3 STREET ADDRESS	11645 Hidden Hollow Cir
5.4 CITY-ST-ZIP	TAMPA, FL 33635
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: John D. Jacobs JOHN D. JACOBS 813-287-4751
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date
 01-16-95