

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 APR 14 AM 9:10

DOCUMENT # 720482 (9)

1. Corporation Name  
**TAMARAC BY-THE-GULF, INC.**

Principal Place of Business Mailing Address

8099 141ST ST N SEMMOLE FL 34646  
 8099 141ST ST N SEMMOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/12/1971** 3a. Date of Last Report **04/11/1994**

4. FEI Number **23-7044325** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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

**TANKEL, ROBERT L, ATTORNEY  
 33 NORTH GARDEN AVE  
 CLEARWATER TOWER, STE 960  
 CLEARWATER FL 34615-1116**

10. Name and Address of New Registered Agent

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, 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>SO</b>	NAME <b>WESSEL, JOYCE A</b>	1.1 TITLE <b>SO SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>14251 - 90TH AVE N</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	1.2 NAME	
TITLE <b>PD</b>	NAME <b>LAWRENCE, KENNETH T.</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>9237 141ST STREET, NORTH</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	1.4 CITY - ST - ZIP	
TITLE <b>VD</b>	NAME <b>MITCHELL, DAVID C.</b>	2.1 TITLE <b>PRESIDENT PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>14070 90TH AVENUE NORTH</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	2.2 NAME <b>Louis B. Standiford</b>	
TITLE <b>D</b>	NAME <b>KRESSE, C P</b>	2.3 STREET ADDRESS <b>8705 141ST ST N</b>	
STREET ADDRESS <b>14159 88TH AVE N</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	2.4 CITY - ST - ZIP <b>SEMMOLE, FL 34646</b>	
TITLE <b>D</b>	NAME <b>IRVING, ROBERT J</b>	3.1 TITLE <b>Vice Pres. VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8130 141ST STREET N</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	3.2 NAME <b>Brown, Keith S.</b>	
TITLE <b>T</b>	NAME <b>MILLBERG, MELVIN R.</b>	3.3 STREET ADDRESS <b>8444 141ST N</b>	
STREET ADDRESS <b>14348 83RD AVE. N.</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	3.4 CITY - ST - ZIP <b>SEMMOLE, FL</b>	
TITLE <b>T</b>	NAME <b>MILLBERG, MELVIN R.</b>	4.1 TITLE <b>T CORRESPONDING SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>14348 83RD AVE. N.</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	4.2 NAME <b>TERRY KRAMER</b>	
TITLE <b>D</b>	NAME <b>IRVING, ROBERT J</b>	4.3 STREET ADDRESS <b>9295 140TH WAY N.</b>	
STREET ADDRESS <b>8130 141ST STREET N</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	4.4 CITY - ST - ZIP <b>SEMMOLE, FL</b>	
TITLE <b>D</b>	NAME <b>IRVING, ROBERT J</b>	5.1 TITLE <b>D SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8130 141ST STREET N</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	5.2 NAME	
TITLE <b>T</b>	NAME <b>MILLBERG, MELVIN R.</b>	5.3 STREET ADDRESS	
STREET ADDRESS <b>14348 83RD AVE. N.</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	5.4 CITY - ST - ZIP	
TITLE <b>T</b>	NAME <b>MILLBERG, MELVIN R.</b>	6.1 TITLE <b>T TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>14348 83RD AVE. N.</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	6.2 NAME <b>Robert C Brunk</b>	
TITLE <b>T</b>	NAME <b>MILLBERG, MELVIN R.</b>	6.3 STREET ADDRESS <b>9058 141ST AVE N.</b>	
STREET ADDRESS <b>14348 83RD AVE. N.</b>	CITY - ST - ZIP <b>SEMMOLE FL</b>	6.4 CITY - ST - ZIP <b>LARGO, FL 34646</b>	

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 118.07(3)(b), 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 attachment with an address.

SIGNATURE: *Louis B. Standiford* President 3-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Name)