FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723340 (6)

1. Corporation Name

THE TAMPA RACQUET CLUB, INC.

Principal Place of Business	Mailing Address
5820 N CHURCH AVENUE TAMPA FL 33614	5820 N CHURCH AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1972
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7393107 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 5820 N. CHURCH AVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27 448		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28 TAMPA, FL.		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 33614 / 30 U.S.A.		

9. Name and Address of Current Registered Agent

COOPER, JERRY L.
5820 N CHURCH AVE. 125
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: EDWIN K. NICKELL
82 Street Address (P.O. Box Number is Not Acceptable): 5820 N. CHURCH AVE.
83: # 448
84 City: TAMPA FL 85 Zip Code: 33614

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: Edwin K. Nickell 4/25/95
(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	D	1.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	GAYLORD, RANDOLPH	1.2 NAME	NICKELL, EDWIN K	
STREET ADDRESS	5820 N CHURCH AVE. 125	1.3 STREET ADDRESS	5820 N. CHURCH AVE 448	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	TAYLOR, KATE	2.2 NAME		
STREET ADDRESS	5820 N CHURCH AVE. 125	2.3 STREET ADDRESS	5820 N. CHURCH AVE 123	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	PTD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	COOPER, JERRY L.	3.2 NAME		
STREET ADDRESS	5820 N CHURCH AVE. 125	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	HEMER, BILL	4.2 NAME	STEAVPACK, ALLAN	
STREET ADDRESS	5820 N CHURCH AVE. 125	4.3 STREET ADDRESS	5820 N CHURCH AVE 114	
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE	D	5.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	BUDD, CHESTER E.	5.2 NAME	HUSSEY, JOAN	
STREET ADDRESS	5820 N CHURCH AVE 125	5.3 STREET ADDRESS	5820 N CHURCH AVE 213	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	RANDOLPH, CAROL	6.2 NAME	LICIARDELLO, ROBERT	
STREET ADDRESS	5820 N CHURCH AVE 125	6.3 STREET ADDRESS	5820 N CHURCH AVE 209	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL. 33614	

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)(i), 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 added by attachment with an address.

SIGNATURE: Edwin K. Nickell EDWIN K. NICKELL 4/25/95 813-264-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064981