SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Sep 09 1998 8:00am
Secretary of State

DOCUMENT # 740209 (2)

1. Corporation Name
GREATER OLDSMAR CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
163 WEST STATE ST. OLDSMAR FL 34677 US	163 WEST STATE ST. OLDSMAR FL 34677 US

3. Date Incorporated or Qualified: 09/21/1977

4. FEI Number: 59-2268316 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 163 S.R.580 West	26 163 S.R. 580 West
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Oldsmar, FL	28 Oldsmar, FL
24 Zip 34677 25 Country US	29 Zip 34677 30 Country US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KILTY, JERRY 514 HUMPHRIES RD S1111 SAFETY HARBOR FL 34695	81 Name GARTLAND, KEVIN O. 82 Street Address (P.O. Box Number is Not Acceptable) 163 SR 580 West 83 84 City Oldsmar FL 85 Zip Code 34677

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Kevin O. Gartland KEVIN O. GARTLAND, EXECUTIVE DIRECTOR 9/1/98
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	P	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GLADIEUX, COOKIE		1.2 NAME	PAVLIK, ROGER	
STREET ADDRESS	29259 US HWY 19 N		1.3 STREET ADDRESS	13300 MCCORMICK DRIVE	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	VPD	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HERMAN, BRETT		2.2 NAME	MARTIN, CHARLIE	
STREET ADDRESS	200 OAKLEAF BLVD.		2.3 STREET ADDRESS	P.O. BOX 69 N/A	
CITY-ST-ZIP	OLDSMAR FL		2.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	☒ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GLADIEAUX, COOKIE		3.2 NAME	WALLACE, DAVID	
STREET ADDRESS	29259 US HWY 19 N		3.3 STREET ADDRESS	3135 S.R.580	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LINDA		4.2 NAME		
STREET ADDRESS	3711 TAMPA RD., STE. 107		4.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KILTY, JERRY		5.2 NAME	ORMISTON, DAVID	
STREET ADDRESS	514 HUMPHRIES RD		5.3 STREET ADDRESS	800 TARPON WOODS BLVD; F-4	
CITY-ST-ZIP	SAFETY HARBOR FL		6.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		☐ DELETE	6.1 TITLE	M	☐ Change ☒ Addition
NAME			6.2 NAME	GARTLAND, KEVIN	
STREET ADDRESS			6.3 STREET ADDRESS	163 S.R. 580 WEST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	OLDSMAR, FL 34677	

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Kevin O. Gartland KEVIN O. GARTLAND 9/1/98 813/855-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #