

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:09

DOCUMENT # 752313

(7)

1. Corporation Name

AD 2 TAMPA BAY, INC.

Principal Place of Business

Mailing Address

AD 2 TAMPA BAY
P. O. BOX 24653
TAMPA FL 33623

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P. O. BOX 24653
TAMPA FL 33623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1980

3a. Date of Last Report

08/15/1994

4. FEI Number

59-2503487

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

☐ \$0.75 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAL, GAYLE
4255 W. HUMPHREY ST.
#1124
TAMPA FL 33614

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DEAL, GAYLE
STREET ADDRESS	4255 W. HUMPHREY ST., #1124
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	CORELL, AMY
STREET ADDRESS	1144 THAYER ST.
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	SD
NAME	FRAZIER, KATE
STREET ADDRESS	208 1/2 S. MATANZAS ST.
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	DIFIORE, ANNA
STREET ADDRESS	6910 INTERBAY BLVD., #69
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	WHEELER, STEPHEN
STREET ADDRESS	604 DRUM CT
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	SCHOUBERT, Kimberly	
13 STREET ADDRESS	4800 S. Westshore Blvd. # 304	
14 CITY - ST - ZIP	TAMPA FL 33611	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	FORMICA, BETH	
23 STREET ADDRESS	8317 Pawnee Avenue	
24 CITY - ST - ZIP	Tampa, FL 33617	
31 TITLE	VD	☒ Change ☐ Addition
32 NAME	THE ROUX, Patty	
33 STREET ADDRESS	4747 W. Waters Ave. #404	
34 CITY - ST - ZIP	Tampa, FL 33614	
41 TITLE	S	☒ Change ☐ Addition
42 NAME	WATSON, Steve	
43 STREET ADDRESS	500 S. Belcher Rd. #134	
44 CITY - ST - ZIP	Largo, FL 34641	
51 TITLE	T	☒ Change ☐ Addition
52 NAME	SCHOUBERT, Jean-Paul	
53 STREET ADDRESS	4800 S. Westshore Blvd. # 304	
54 CITY - ST - ZIP	Tampa, FL 33611	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

REMITTED BY MAY 1

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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jean-Paul Schoubert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-PAUL SCHOUBERT

4/22/95 (813)289-8225