

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 763156 (7)**

**1. Corporation Name**  
**THETA BETA HOUSE CORPORATION, INC.**



**Principal Place of Business**  
 107 SOUTHERN OAK DR.  
 PLANT CITY FL 33566

**Mailing Address**  
 107 SOUTHERN OAK DR.  
 PLANT CITY FL 33566

**3. Date Incorporated or Qualified** 05/06/1982  
**3a. Date of Last Report** 01/30/1995

**2. Principal Place of Business** **2a. Mailing Address**

**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip **28** Zip

**24** Country **29** Country **30** Country

**4. FEI Number** 59-2347926  
 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**

**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**

**RAULERSON, DANIEL D.**  
**107 SOUTHERN OAK DR.**  
**PLANT CITY FL 33566**

**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 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**

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  
**NAME** FRASEUR, JAMES N.  
**STREET ADDRESS** 741 6TH ST., SOUTH  
**CITY-ST-ZIP** SAFETY HARBOR FL

**1.1 TITLE**  Change  Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**TITLE** V  DELETE  
**NAME** HAGAN, ROBERT W.  
**STREET ADDRESS** 1621 CARTER OAKS DR.  
**CITY-ST-ZIP** VALRICO FL

**2.1 TITLE**  Change  Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**TITLE** T  DELETE  
**NAME** RAULERSON, DANIEL D.  
**STREET ADDRESS** 107 SOUTHERN OAK DR.  
**CITY-ST-ZIP** PLANT CITY FL

**3.1 TITLE**  Change  Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**TITLE** D  DELETE  
**NAME** GAERTNER, NELSON  
**STREET ADDRESS** 2201 BELLE CHASE CIR.  
**CITY-ST-ZIP** TAMPA FL

**4.1 TITLE**  Change  Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**TITLE** D  DELETE  
**NAME** CRIST, VICTOR  
**STREET ADDRESS** 5118 N. 58TH ST.  
**CITY-ST-ZIP** TAMPA FL

**5.1 TITLE**  Change  Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**TITLE** D  DELETE  
**NAME** CARAHER, MARK  
**STREET ADDRESS** 1219 51ST AVE. E. #76  
**CITY-ST-ZIP** BRADENTON FL

**6.1 TITLE**  Change  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 119.07(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 attachment with an address.**

**SIGNATURE:** *Daniel D. Raulerson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 19 96*  
 Date

Daytime Phone #

CR2E037 (3/96)