

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766609 (2)

1. Corporation Name
TAMPA BAY BUSINESS GUILD, INC.



Principal Place of Business: C/O JIM SCARBOROUGH, SECT 5410 SEMINOLE AVE TAMPA FL 33604-4048
Mailing Address: C/O JIM SCARBOROUGH, SECT 5410 SEMINOLE AVE TAMPA FL 33604-4048

3. Date Incorporated or Qualified: 01/20/1983
3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-2902602
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

2. Principal Place of Business (21-24):
2a. Mailing Address (25-28):
22. Suite, Apt. #, etc. (22-23):
23. City & State (23-24):
24. Zip (24-25): 33604-7048
25. Country (25-26):
26. Suite, Apt. #, etc. (26-27):
27. City & State (27-28):
28. City & State (28-29):
29. Zip (29-30): 33604-7048
30. Country (30-31):

9. Name and Address of Current Registered Agent
**DUFOUR, GEORGE A
4610 CENTRAL AVE
TAMPA FL 33603**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: **FL 33603-3933**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, MARGO A	1.2 NAME	
STREET ADDRESS	6604 WATSON ROAD	1.3 STREET ADDRESS	1970 W. LUMSDEN RD # 300
CITY - ST - ZIP	RIVER VIEW FL	1.4 CITY - ST - ZIP	BRANDON FL 33511-8820
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, JIM	2.2 NAME	
STREET ADDRESS	5410 SEMINOLE AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUTLER, DIANE	3.2 NAME	BRANDON JIM BECKETT
STREET ADDRESS	6604 WATSON RD.	3.3 STREET ADDRESS	117 W ALEXANDER ST #183
CITY - ST - ZIP	RIVERVIEW FL	3.4 CITY - ST - ZIP	PLANT CITY FL 33566-7155
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NABORS, DALE	4.2 NAME	BUD GUNTER
STREET ADDRESS	4015 W FL G	4.3 STREET ADDRESS	3737 NEPTUNE
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	TAMPA FL 33629-5118
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFOUR, GEORGE A	5.2 NAME	
STREET ADDRESS	4610 CENTRAL AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____ 1/31/96 813-238-2102
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)