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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1998



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	Mailing Address
C/O JIM SCARBOROUGH, SECT 5410 SEMINOLE AVE TAMPA FL 33604-7048 US	C/O JIM SCARBOROUGH, SECT 5410 SEMINOLE AVE TAMPA FL 33604-7048 US

2. Principal Place of Business	2a. Mailing Address
21 1222 S. DALE MABRY	26 1222 S. Dale Mabry
22 Suite, Apt. #, etc. # 656	27 Suite, Apt. #, etc. # 656
23 City & State TAMPA	28 City & State TAMPA
24 Zip 33629	29 Zip 33629
25 Country Hillsborough	30 Country

3. Date Incorporated or Qualified 01/20/1983
4. FEI Number 59-2902602
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV O	<input type="checkbox"/> DELETE
NAME	PARRITT, JOHN	
STREET ADDRESS	6801 ADAM AVE N	
CITY-ST-ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, JIM	
STREET ADDRESS	5410 SEMINOLE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKETT, JIM	
STREET ADDRESS	117 W ALEXANDER STREET 183	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D P	<input type="checkbox"/> DELETE
NAME	GUNTER, BUD	
STREET ADDRESS	3737 NEPTUNE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D O	<input type="checkbox"/> DELETE
NAME	DUFOUR, GEORGE A	
STREET ADDRESS	4610 CENTRAL AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-13-98** Daytime Phone # _____

CR2E037 (10/97)