

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG 10 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G51722 (8)**

1. Corporation Name  
**TAM-BAY SERVICES, INC.**

Principal Place of Business Mailing Address  
**% JOHN HOPKINS  
500 CHESTNUT ST  
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/28/1983** 3a. Date of Last Report **08/15/1994**

2. Principal Place of Business 21 <b>201 Douglas Road</b> Suite, Apt. #, etc. 22 <b>Suite # 4</b> City & State 23 <b>Oldsmar, Florida</b> Zip 24 <b>34677</b>	2a. Mailing Address 26 <b>PO Box 625</b> Suite, Apt. #, etc. 27 City & State 28 <b>Oldsmar, Florida</b> Zip 29 <b>34677</b>	4. FEI Number <b>59-2307199</b>	Applied For Not Applicable
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. This corporation has liability for intangible tax under s. 199.1332, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.1332, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOPKINS, JOHN 500 CHESTNUT ST OLDSMAR FL 34677</b>	10. Name and Address of New Registered Agent B1 Name <b>Michael F. Hopkins</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>220 Ontario Avenue</b> B3 B4 City <b>Crystal Beach</b> FL B5 Zip Code <b>34681</b>
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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 *Michael F. Hopkins* **MICHAEL F. HOPKINS** 8/4/95  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>HOPKINS, JOHN</b>	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>500 CHESTNUT ST</b>	CITY - ST - ZIP <b>OLDSMAR, FL 00000</b>	1.2 NAME <b>Michael F. Hopkins</b>	1.3 STREET ADDRESS <b>220 Ontario Avenue</b>
TITLE <b>TS</b>	NAME <b>HOPKINS, MICHAEL</b>	1.4 CITY - ST - ZIP <b>Crystal Beach, FL 34681</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>500 CHESTNUT STREET</b>	CITY - ST - ZIP <b>OLDSMAR FL</b>	2.1 TITLE <b>TS</b>	2.2 NAME <b>John Hopkins</b>
TITLE	NAME	2.3 STREET ADDRESS <b>500 Chestnut St.</b>	2.4 CITY - ST - ZIP <b>Oldsmar, FL 34677</b>
STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(A), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: *Michael F. Hopkins* **MICHAEL F. HOPKINS** 8/4/95 (813 855-9557)  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #

CR2E034 (3/95)