

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G61973** (5)

1. Corporation Name  
**THE 2915 COMPANY, INC.**



Principal Place of Business

**2915 W. HAWTHORNE RD.  
TAMPA FL 33611**

Mailing Address

**2915 W. HAWTHORNE RD.  
TAMPA FL 33611**

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. State, Apt. #, etc.	27. City & State	28. City & State
23. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**URBANSKI, ANN A  
2915 HAWTHORNE RD.  
TAMPA FL 33611**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

3. Date Incorporated For Qualified	3a. Date of Last Report
<b>09/30/1983</b>	<b>04/17/1995</b>
4. FEI Number	Applied For
<b>59-2330547</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Limited Company Financing Trust Form Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0115, Florida Statutes.

SIGNATURE \_\_\_\_\_

Signature of person who is to be registered as agent

Signature of person who is to be registered as agent

Date

12. OFFICERS AND DIRECTORS		
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>URBANSKI, ANN A</b>	
STREET ADDRESS	<b>2915 HAWTHORNE RD.</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ELIZABETH U</b>	
STREET ADDRESS	<b>1002 B FREMONT</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, STEPHEN F</b>	
STREET ADDRESS	<b>1002 B FREMONT</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>URBANSKI, JAMES F</b>	
STREET ADDRESS	<b>2915 HAWTHORNE RD.</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33611</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, true, and does not qualify for the exemption stated in Section 119.041(5)(c), Florida Statutes. I further certify that the information included 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 registered or transfer agent, or both, and that my signature shall have the same legal effect as if made under oath, appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Ann A. Urbanski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 813 832-2857  
Date Printed

CR2E034 (12/95)