

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 AM 8:14

DOCUMENT # N07892 (5)

1. Corporation Name

DALE MABRY POST 139, INC.

Principal Place of Business

Mailing Address

% CLARENCE J KEEL JR
3328 S DALE MABRY HWY
TAMPA FL 33629

% CLARENCE J KEEL JR
3328 S DALE MABRY HWY
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1985

3a. Date of Last Report

01/28/1994

4. FBI Number

59-0944529

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEEL, CLARENCE J JR
4045 HENDERSON BLVD
TAMPA FL 33629

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 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEINMANN, RALPH
STREET ADDRESS	2310 W MORRISON AVE
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	MC ALLISTER, CLAY
STREET ADDRESS	4101 W MCKAY
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	STUBBLEFIELD, RITA
STREET ADDRESS	2112 W WATROUS AVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	NEWMAN, ELTON
STREET ADDRESS	4408 W IOWA
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☒ Change ☐ Addition
12 NAME	Paul E. Porterfield	
13 STREET ADDRESS	4609 S. Shamrock Road, Tampa, FL 33611	
14 CITY - ST - ZIP		
21 TITLE	V	☒ Change ☐ Addition
22 NAME	Al Pinkham	
23 STREET ADDRESS	3401 W. Palmira Avenue, Tampa, FL 33629	
24 CITY - ST - ZIP		
31 TITLE	T	☒ Change ☐ Addition
32 NAME	John R. Kirst	
33 STREET ADDRESS	4006 W. Swann Avenue, Tampa, FL 33609	
34 CITY - ST - ZIP		
41 TITLE	S	☒ Change ☐ Addition
42 NAME	Jeanne E. Rooney	
43 STREET ADDRESS	2103 Lithia Pinecrest	
44 CITY - ST - ZIP	Valrico, FL 33594	
51 TITLE	D	☒ Change ☐ Addition
52 NAME	Morris Kaplan	
53 STREET ADDRESS	2912 W. Marlin Avenue, Tampa, FL 33611	
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John R. Kirst John R. Kirst

Post 139 813/839-6740
Res. 813/289-3096

Date

(Signature Page 4)