FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N07892 (5)

1. Corporation Name
DALE MABRY POST 139, INC.

Principal Place of Business	Mailing Address
~~% CLARENCE J KEEL, JR~~ ~~3320 S DALE MABRY HWY~~ 3818 W. Bay Vista Av TAMPA FL ~~33629~~ 33611-1229	~~% CLARENCE J KEEL, JR~~ ~~3320 S DALE MABRY HWY~~ TAMPA FL 33629-7840

2. Principal Place of Business 21 3818 W. Bay Vista Ave. Suite, Apt. #, etc. 22 City & State 23 Tampa, FL 33611-1229 Zip 24 33611 Country 25 USA	2a. Mailing Address 26 3818 W. Bay Vista Ave. Suite, Apt. #, etc. 27 City & State 28 Tampa, FL 33611-1229 Zip 29 33611 Country 30 USA

3. Date Incorporated or Qualified 02/28/1985	3a. Date of Last Report 04/05/1996
4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

KEEL, CLARENCE J JR
4045 HENDERSON BLVD
TAMPA FL 33629

10. Name and Address of New Registered Agent

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 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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	1.1 TITLE	President and D.	XX Change ☐ Addition
NAME	PORTERFIELD, PAUL E		1.2 NAME	Edward E. Croney	
STREET ADDRESS	4609 S SHAMROCK RD		1.3 STREET ADDRESS	4436 W. Bay Avenue	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33616	
TITLE	V	XX DELETE	2.1 TITLE	Vice President and D.	X Change ☐ Addition
NAME	PINKHAM, AL		2.2 NAME	Shirley Dunn	
STREET ADDRESS	3401 W PALMIRA AVE		2.3 STREET ADDRESS	6815 Interbay Blvd. #14	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33611	
TITLE	T	XX DELETE	3.1 TITLE	Second Vice President	XX Change ☐ Addition
NAME	KIRST, JOHN R		3.2 NAME	Cullen P. Tracy and D.	
STREET ADDRESS	4006 W SWANN AVE		3.3 STREET ADDRESS	4215 W. San Rafael	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	S	XX DELETE	4.1 TITLE	Secretary And D.	XX Change ☐ Addition
NAME	ROONEY, JEANNE E		4.2 NAME	Joseph E. Williams	
STREET ADDRESS	2103 LITHIA PINECREST		4.3 STREET ADDRESS	5002 Fairoaks Avenue, #2	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	XX DELETE	5.1 TITLE	Finance Officer and D.	X Change ☐ Addition
NAME	KAPLAN, MORRIS		5.2 NAME	W.R. Bragg	
STREET ADDRESS	2912 W MARLIN AVE		5.3 STREET ADDRESS	4608 W. Euclid	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: _____ 4-16-97 813-839-6740