

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Apr 26 1996 8:00 am  
Secretary of State

**DOCUMENT # N19736 (0)**

1. Corporation Name  
**SEMINOLE #4147, F.O.E., INC.**

Principal Place of Business Mailing Address  
**7301 77TH STREET NORTH PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified **03/19/1987** 3a. Date of Last Report **12/11/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-2732392** 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  
**HIXON, GARY L  
6311 HAMPTON DR. N  
ST. PETERSBURG FL 33710**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFITH, WILLIAM</b>	1.2 NAME	<b>WALTER ZITTEL</b>
STREET ADDRESS	<b>1018 55TH AVE NO</b>	1.3 STREET ADDRESS	<b>9790 - 66 STREET NO. LOT 185</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY - ST - ZIP	<b>PINE HILLS PARK FL 34666</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARY, HIXON</b>	2.2 NAME	
STREET ADDRESS	<b>6311 HAMPTON DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL 33710</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITNEY, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>4008 W IOWA</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADILLA, VICTOR</b>	4.2 NAME	<b>EDWARD C. CAREY</b>
STREET ADDRESS	<b>11620 78TH AVE N</b>	4.3 STREET ADDRESS	<b>8579 JENNIFER LANE</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>	4.4 CITY - ST - ZIP	<b>SEMINOLE FL 34647</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, RAYMOND</b>	5.2 NAME	<b>JOSEPH C. BRUNELL</b>
STREET ADDRESS	<b>8700 150TH AVE NO. #421</b>	5.3 STREET ADDRESS	<b>8424 58TH WAY NO</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>	5.4 CITY - ST - ZIP	<b>PINELLAS PARK FL 34665</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEAF, CHARLES</b>	6.2 NAME	<b>FRANK TRUMBULL DON</b>
STREET ADDRESS	<b>5222 4TH STREET N</b>	6.3 STREET ADDRESS	<b>5335 46 AVE NO.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	6.4 CITY - ST - ZIP	<b>ST. PETERSBURG FL 33709</b>

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary L. Hixon* **4/22/96** **384-8053**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)