


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	7301 77TH STREET NORTH PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
03/19/1987

3a. Date of Last Report
04/26/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIXON, GARY L
6311 HAMPTON DR. N
ST. PETERSBURG FL 33710**

81 Name	Thomas Whitney
82 Street Address (P.O. Box Number Is Not Acceptable)	4008 W. IOWA
83	
84 City	TAMPA FL
85 Zip Code	33616

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 **Thomas Whitney**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7-22-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZITTEL, WALTER	
STREET ADDRESS	9790-86 STREET NO. LOT 185	
CITY-ST-ZIP	PINELLAS PARK FL	

1.1 TITLE	T JOE BRUNELL JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8401 MERRIAL CIRCLE	
1.3 STREET ADDRESS	SEMINOLE, FL. 33777	
1.4 CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GARY, HIXON	
STREET ADDRESS	6311 HAMPTON DR.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

2.1 TITLE	P. WHITNEY, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4008 W IOWA	
2.3 STREET ADDRESS	Tampa, FL. 33616	
2.4 CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHITNEY, THOMAS	
STREET ADDRESS	4008 W IOWA	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	VP EUGENE WALLACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5680 63 RD WAY No.	
3.3 STREET ADDRESS	ST. PETERSBURG, FL. 33709	
3.4 CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, EDWARD C	
STREET ADDRESS	8579 JENNIFER LANE	
CITY-ST-ZIP	SEMINOLE FL	

4.1 TITLE	S DON TRUMBULL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5335 46 AVE No.	
4.3 STREET ADDRESS	ST. PETERSBURG, FL. 33709	
4.4 CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> DELETE
NAME	BRUNELL, JOSEPH C	
STREET ADDRESS	8424 58TH WAY NO	
CITY-ST-ZIP	PINELLAS PARK FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TRUMBULL, DON	
STREET ADDRESS	5335 46 AVE NO	
CITY-ST-ZIP	ST. PETERSBURG FL	

6.1 TITLE	T Doug ARNOLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	5646 62ND WAY No.	
6.3 STREET ADDRESS	ST. PETERSBURG, FL 33709	
6.4 CITY-ST-ZIP		

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 SIGNATURE REQUIRED

CR2E037 (4/97)