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

APPROVED AND FILED
95 APR 20 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20365 (5)

1. Corporation Name

TAMPA CHAPTER OF THE AMERICAN SOCIETY OF CLU & C
HFC, INC.

Principal Place of Business	Mailing Address
%THOMAS A. ROMAN 2340 MAIN STREET, SUITE L DUNEDIN FL 34698	%THOMAS A. ROMAN 2340 MAIN STREET, SUITE L DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1987
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2824939 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4010 Boy Scout Blvd	26 P.O. Box 21732
22 Suite, Apt. #, etc. 150	27 Suite, Apt. #, etc.
23 City & State TAMPA, FL	28 City & State TAMPA, FL
24 Zip 33607 25 Country USA	29 Zip 33622 30 Country USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
* ROMAN, THOMAS A. 2340 MAIN STREET, SUITE L * DUNEDIN FL 34698	81 Name: ELAINE DORREMAN 82 Street Address (P.O. Box Number is Not Acceptable): 4010 Boy Scout Blvd. 83 SUITE 150 84 City: TAMPA FL 85 Zip Code: 33607

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: Elaine Dorreman, EXECUTIVE SECRETARY 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	ERB, JAMES L. JR	12 NAME	
STREET ADDRESS	1 N DALE MABRY S-1100	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	~~D~~	21 TITLE	VP ☒ Change ☒ Addition
NAME	~~LASDAY, RONALD~~	22 NAME	RAMENDA, JOSEPH
STREET ADDRESS	~~3030 N. ROCKY POINT DR., W., #500~~	23 STREET ADDRESS	500 N. WESTSHORE #620
CITY-ST-ZIP	~~TAMPA FL~~	24 CITY-ST-ZIP	TAMPA, FL
TITLE	D	31 TITLE	TREASURER ☒ Change ☐ Addition
NAME	MULLEN, IRENE	32 NAME	
STREET ADDRESS	4010 BOY SCOUT BLVD., #700	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	~~P~~	41 TITLE	~~PAST PRESIDENT~~ D ☒ Change ☐ Addition
NAME	BROOKS, WALTER	42 NAME	THURMAN, CHARLES
STREET ADDRESS	~~4830 W. KENNEDY, #800~~	43 STREET ADDRESS	116 W. BLOOMINGDALE AVE.
CITY-ST-ZIP	~~TAMPA FL~~	44 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	~~PP~~	51 TITLE	D ☐ Change ☒ Addition
NAME	~~BARDIN, JAMES~~	52 NAME	ALLEN, KIM
STREET ADDRESS	~~4010 BOY SCOUT BLVD.~~	53 STREET ADDRESS	4010 Boy Scout Blvd #700
CITY-ST-ZIP	~~TAMPA FL~~	54 CITY-ST-ZIP	TAMPA, FL
TITLE	~~VP~~	61 TITLE	D ☒ Change ☐ Addition
NAME	~~DRABIK, BOB~~	62 NAME	MILLER, RICK
STREET ADDRESS	~~1715 N WESTSHORE 220~~	63 STREET ADDRESS	108 SOUTH BLVD
CITY-ST-ZIP	~~TAMPA FL~~	64 CITY-ST-ZIP	TAMPA, FL 33606

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)(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] 3/10/95 813-889-8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

608887