

**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 MAR 16 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N29811 (9)

1. Corporation Name  
TAMPA BAY COIN CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
% 9823 ASHLEY DR. SEMINOLE FL 34642 % 9823 ASHLEY DR. SEMINOLE FL 34642

3. Date Incorporated or Qualified 12/20/1988 3a. Date of Last Report 06/27/1994

4. FEI Number 59-2953351 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.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEE, RICHARD D.  
9823 ASHLEY DR.  
SEMINOLE FL 34642

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, JOHN	1.2 NAME	
STREET ADDRESS	7920 N. BRANCH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUTY, JOHN	2.2 NAME	
STREET ADDRESS	12914 LURIDA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTNER, SARA	3.2 NAME	
STREET ADDRESS	3 LANES PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANZ, WILLIAM	4.2 NAME	
STREET ADDRESS	9407 ROSEBURG CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISBROW, DENNIS	5.2 NAME	LARUE DORSEY
STREET ADDRESS	9753 ELM WAY	5.3 STREET ADDRESS	8423 GREENWOOD AVE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEE, RICHARD	6.2 NAME	
STREET ADDRESS	9823 ASHLEY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 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)(b), 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: Richard D. Fee RICHARD D. FEE

3/8/95 (813) 870-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE