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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Corporation Manual
For Public Use
1995 Edition

DOCUMENT # **N33996** (2)
TAMPA CRUIS-A-CADE CLUB, INC.

Principal Place of Business: TAMPA CRUIS-A-CADE CLUB, 700 W ROSS AVE, TAMPA FL 33609 US
Mailing Address: C/O JOSEPH WEST, 8713 EDNAM PLACE, TAMPA FL 33604-2307 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 08/31/1989	3a. Date of Last Report 07/15/1994
4. FEI Number 59-6176972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Director Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**WEST, JOSEPH
8713 EDNAM PLACE
TAMPA FL 33604-2307**

10. Name and Address of New Registered Agent
81. Name: **HAL HOGAN**
82. Street Address, P.O. Box Number is Not Acceptable: **2901 BURKE ST**
83.
84. City: **TAMPA** FL 85. Zip Code: **33614**

11. Pursuant to the provisions of Sections 197, 202, and 203 of the 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.009, Florida Statutes.

SIGNATURE: *Hal Hogan* (Signature of Current Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: WEST, JOSEPH	STREET ADDRESS: 8713 EDNAM PLACE	CITY, STATE, ZIP: TAMPA FL
TITLE: VD	NAME: GIBBS, DONALD	STREET ADDRESS: 17919 PEPPER TREE LANE	CITY, STATE, ZIP: LUTZ FL
TITLE: VD	NAME: NELSON, ALAN	STREET ADDRESS: 800 MAIN STREET #375	CITY, STATE, ZIP: DUNEDIN FL
TITLE: TD	NAME: KLEINHAMPLE, ED	STREET ADDRESS: 26204 CORKWOOD COURT	CITY, STATE, ZIP: LAND O, LAKES FL
TITLE: SD	NAME: WUNDER, RUTH	STREET ADDRESS: 4659 BAY CREST DRIVE	CITY, STATE, ZIP: TAMPA FL
TITLE: D	NAME: VANNUNEN, NORMA	STREET ADDRESS: 5908 KENNETH AVENUE	CITY, STATE, ZIP: TAMPA FL

13. ADDED, DELETED, OR CHANGED OFFICERS AND DIRECTORS

TITLE: PD	NAME: HAL HOGAN	STREET ADDRESS: 2901 BURKE ST	CITY, STATE, ZIP: TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: SHARON HOGAN	STREET ADDRESS: 2901 BURKE ST	CITY, STATE, ZIP: TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b) Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were on the report of the corporation or the recipient 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 designated as an officer or director.

SIGNATURE: *Edwards A. Kleinhample* EDWARDS A. KLEINHAMPLE 42445 (913) 467 8373