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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N34333 (7)

1. Corporation Name

THE TAMPA BAY HISTORY CENTER, INC.

Principal Place of Business	*Mailing Address*
702 N FRANKLIN ST 8TH FLOOR TAMPA FL 33602 US	PO BOX 948 TAMPA FL 33601-0948 US

3. Date Incorporated or Qualified: 09/21/1989
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business
21 225 S. Franklin Street
Suite, Apt. #, etc. 22
City & State 23 Tampa, Florida
Zip 24 33602 Country 25 U.S.

2a. Mailing Address
26 Same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3058652 ☐ 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

ROBBINS, R. JAMES, JR.
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	THOMAS, TOUCHTON J		1.2 NAME		
STREET ADDRESS	3405 1 TAMPA CITY CENTER		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	33602	
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	HOWELL, GEORGE B III		2.2 NAME		
STREET ADDRESS	5105 S NICHOLAS ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	33611	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	SKEMP, NANCY		3.2 NAME		
STREET ADDRESS	3113 WAVERLY PARK		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	33629	
TITLE	TT	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	O'NEAL, SOLON F. JR		4.2 NAME		
STREET ADDRESS	4414 WATROUS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	33629	
TITLE	DE	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	DUNHAM, ELIZABETH L		5.2 NAME		
STREET ADDRESS	1411 LULIE LAGOON		5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		5.4 CITY-ST-ZIP	33549	
TITLE		☐ DELETE	6.1 TITLE	ED	☐ Change ☒ Addition
NAME			6.2 NAME	Edward J. Meyers	
STREET ADDRESS			6.3 STREET ADDRESS	1816 Oak Ridge	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Safety Harbor, FL 34695	

CR2E037 (9/96)

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 4-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046806