FILE NOW: FILING FEE IS $61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
225 S. FRANKLIN ST TAMPA FL 33602 US	225 S. FRANKLIN ST. TAMPA FL 33602 US

3. Date Incorporated or Qualified: 09/21/1989

4. FEI Number: 59-3058652 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. Box 948
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tampa, FL
Zip 24 / Country 25	Zip 29 33601-0948 / Country 30 US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

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 _____ 4-27-98
Signature, typed or printed, 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	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		
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		
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		
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		
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		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MEYERS, EDWARD J		6.2 NAME		
STREET ADDRESS	1816 OAK RIDGE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: _____ 4-27-98 813-229-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0047864