FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N45877** **(0)**

1. Corporation Name

FLORIDA LIVE STEAMERS CENTRAL DIVISION, INC.

Principal Place of Business	Mailing Address
E BAY DR & 3RD ST LARGO FL 34649 US	P O BOX 1125 LARGO FL 34649 US

3. Date Incorporated or Qualified: **11/01/1991**

3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3099881** ☐ 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

WOLF, ROBERT D
11500 119TH TER N
LARGO FL 34648

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: Wally Hebel — Wally Hebel, Treasurer — 2/6/96

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	PD	☒ DELETE	11 TITLE	President	☐ Change ☒ Addition
NAME	JAMISON, WARREN		12 NAME	Boyd, William	
STREET ADDRESS	12351 93RD ST N		13 STREET ADDRESS	7992 1st Avenue South	
CITY-ST-ZIP	LARGO FL		14 CITY-ST-ZIP	St Petersburg, Florida 33707	
TITLE	TD	☒ DELETE	21 TITLE	Secretary	☐ Change ☒ Addition
NAME	WOLF, ROBERT		22 NAME	Clynes, Carolyn	
STREET ADDRESS	11500-119 TERR		23 STREET ADDRESS	2944 6th Avenue NOrth	
CITY-ST-ZIP	LARGO FL		24 CITY-ST-ZIP	St Petersburg, Florida 33713	
TITLE	SD	☒ DELETE	31 TITLE	Treasurer	☐ Change ☒ Addition
NAME	GASKILL, RAYMOND		32 NAME	Wally Hebel	
STREET ADDRESS	1764 12TH ST SW		33 STREET ADDRESS	2876 30th Avenue North	
CITY-ST-ZIP	LARGO FL		34 CITY-ST-ZIP	St Petersburg, Florida 33713	
TITLE	D	☐ DELETE	41 TITLE	Director	☐ Change ☒ Addition
NAME	MANN, DONALD		42 NAME	Eckert, Tom	
STREET ADDRESS	950 ORANGEVIEW DR		43 STREET ADDRESS	6573 1st Avenue North	
CITY-ST-ZIP	LARGO FL		44 CITY-ST-ZIP	St Petersburg, Florida 33707	
TITLE	D	☐ DELETE	51 TITLE	Director	☐ Change ☒ Addition
NAME	LYONS, CHARLES		52 NAME	Raykiewicz, Bruce	
STREET ADDRESS	601 ROSARY AVE 2103		53 STREET ADDRESS	2231 Isle of Pines	
CITY-ST-ZIP	LARGO FL		54 CITY-ST-ZIP	Fort Myers, Florida	
TITLE	VD	☐ DELETE	61 TITLE	Director	☐ Change ☒ Addition
NAME	BOLAM, DON		62 NAME	Lisner, Charles	
STREET ADDRESS	1810 SPRINGTIME AVE		63 STREET ADDRESS	3261 Normandy Drive	
CITY-ST-ZIP	CLEARWATER FL		64 CITY-ST-ZIP	Port Charlotte, Florida 33952	

CR2E037 (12/95)

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)(k), 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: Wally Hebel — Wally Hebel, Treasurer — 2/6/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #