

**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 # N94000000395 (3)**

1. Corporation Name  
**TAMPA BAY GREYHOUND ASSOCIATION, INC.**



Principal Place of Business: **3720 QUAIL FOREST DR. TARPON SPRINGS FL 34689**  
Mailing Address: **3720 QUAIL FOREST DR. TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified: **01/26/1994**  
3a. Date of Last Report: **05/25/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

4. FEI Number: **59-3211275**  
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  
**CAPLE, PAUL T  
3720 QUAIL FOREST DR.  
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	CAPLE, PAUL T.	3720 QUAIL FOREST DRIVE	TARPON SPRINGS FL	<input type="checkbox"/>
D	MARRIOTT, CHARLES	11565 7TH LANE #1607	ST. PETERSBURG FL	<input type="checkbox"/>
D	LAROSA, THOMAS	1538 85TH AVENUE NORTH	ST. PETERSBURG FL	<input type="checkbox"/>
D	FLOYD, RANDY	1160 PLAZA COMMERCIAL DRIVE	ST. PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.1 TITLE				
1.2	1.2 NAME				
1.3	1.3 STREET ADDRESS				
1.4	1.4 CITY-ST-ZIP				
2.1	2.1 TITLE				
2.2	2.2 NAME				
2.3	2.3 STREET ADDRESS				
2.4	2.4 CITY-ST-ZIP				
3.1	3.1 TITLE				
3.2	3.2 NAME				
3.3	3.3 STREET ADDRESS				
3.4	3.4 CITY-ST-ZIP				
4.1	4.1 TITLE				
4.2	4.2 NAME				
4.3	4.3 STREET ADDRESS				
4.4	4.4 CITY-ST-ZIP				
5.1	5.1 TITLE				
5.2	5.2 NAME				
5.3	5.3 STREET ADDRESS				
5.4	5.4 CITY-ST-ZIP				
6.1	6.1 TITLE				
6.2	6.2 NAME				
6.3	6.3 STREET ADDRESS				
6.4	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 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: Paul T. Caple - Paul T. Caple - Treas 4/30/96 813-937-3701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)