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Mar 03 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 # N94000000395 (3)

1. Corporation Name

TAMPA BAY GREYHOUND ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3720 QUAIL FOREST DR.
TARPON SPRINGS FL 34689

3720 QUAIL FOREST DR.
TARPON SPRINGS FL 34689-8040

3. Date Incorporated or Qualified
01/26/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3211275

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPLE, PAUL T
3720 QUAIL FOREST DR.
TARPON SPRINGS FL 34689

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

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 D/S DELETE
NAME CAPLE, PAUL T.
STREET ADDRESS 3720 QUAIL FOREST DRIVE
CITY - ST - ZIP TARPON SPRINGS FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D DELETE
NAME MARRIOTT, CHARLES
STREET ADDRESS 11565 7TH LANE #1607
CITY - ST - ZIP ST. PETERSBURG FL 33716

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D DELETE
NAME LAROSA, THOMAS
STREET ADDRESS 1538 85TH AVENUE NORTH
CITY - ST - ZIP ST. PETERSBURG FL

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D DELETE
NAME FLOYD, RANDY
STREET ADDRESS 1160 PLAZA COMMERCIAL DRIVE
CITY - ST - ZIP ST. PETERSBURG FL

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME CAL HOLLAND
53 STREET ADDRESS 5249th street N
54 CITY - ST - ZIP ST Petersburg FL 33702

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME VP/D
63 STREET ADDRESS PAUL SCHEELS
64 CITY - ST - ZIP 1951 Glenn Lake circle N ST Petersburg FL 33702

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: *Paul T. Caple* CAPLE, PAUL T. TREAS. 2/21/97 813-937-3701

CR2E037 (9/96)