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May 08 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 # N95000005986 (3)

1. Corporation Name

KREWE OF PAIR O'DICE, INC.

Principal Place of Business

Mailing Address

4901 S. WESTSHORE BLVD.  
TAMPA FL 33611

4901 S. WESTSHORE BLVD.  
TAMPA FL 33611-3329

3. Date Incorporated or Qualified  
12/20/1995

3a. Date of Last Report  
06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number  
59-3349506

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

10. Name and Address of New Registered Agent

PAINTON, YVONNE  
4901 S. WESTSHORE BLVD.  
TAMPA FL 33611

81 Name PAINTON YVONNE  
82 Street Address (P.O. Box Number is Not Acceptable)  
19816-D GULF BLVD.  
83  
84 City INDIAN SHORES FL 85 Zip Code 33785

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]*  
Signature typed or printed name of registered agent and title if applicable.

YVONNE M. PAINTON  
(NOTE: Registered Agent signature required when reinstating)

4-29-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME PAINTON, YVONNE  
STREET ADDRESS 4901 S. WESTSHORE BLVD.,  
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☐ DELETE  
NAME ALSPACH, BARRY  
STREET ADDRESS 713 HEIRLONG COURT  
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE  
NAME GOMEZ, BEN  
STREET ADDRESS 708 HEIRLONG COURT  
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME PAINTON, YVONNE  
1.3 STREET ADDRESS 19816-D GULF BLVD.  
1.4 CITY-ST-ZIP INDIAN SHORES, FL 33785

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97  
Date

813-839-1302  
Daytime Phone # 0047859

CR2E037 (9/96)