

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 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 # N97000006988 (6)

1. Corporation Name

STUART & KELLY LASHER FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

4931 NEW PROVIDENCE  
TAMPA FL 33629

4931 NEW PROVIDENCE  
TAMPA FL 33629

3. Date Incorporated or Qualified  
12/16/1997

4. FEI Number

59-3482294

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 201 N. FRANKLIN ST  
Suite, Apt. #, etc.

26 ONE TAMPA CITY CENTER  
Suite, Apt. #, etc.

22 SUITE 2650  
City & State

27 SUITE 2650  
City & State

23 TAMPA, FLORIDA  
Zip Country

28 TAMPA, FLORIDA  
Zip Country

24 33602

25 U.S.

29 33602

30 U.S.

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

10. Name and Address of New Registered Agent

GLEIM, HOLGER D  
150 SECOND AVENUE NORTH  
SUITE 1100  
ST PETERSBURG FL 33701

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  DELETE  
NAME LASHER, STUART G  
STREET ADDRESS 4931 NEW PROVIDENCE  
CITY-ST-ZIP TAMPA FL 33629

1.1 TITLE DIRECTOR  Change  Addition  
1.2 NAME LASHER, STUART G.  
1.3 STREET ADDRESS 201 N. FRANKLIN ST. ONE TAMPA CITY CENTER  
1.4 CITY-ST-ZIP SUITE 0 2650 TAMPA, FL 33602

TITLE D  DELETE  
NAME LASHER, KELLY G  
STREET ADDRESS 4931 NEW PROVIDENCE  
CITY-ST-ZIP TAMPA FL 33629

2.1 TITLE DIRECTOR  Change  Addition  
2.2 NAME LASHER, KELLY G  
2.3 STREET ADDRESS 201 N. FRANKLIN ST ONE TAMPA CITY CENTER  
2.4 CITY-ST-ZIP SUITE 2650 TAMPA, FL 33602

TITLE D  DELETE  
NAME SCHIFINO, WILLIAM J JR.  
STREET ADDRESS ONE TAMPA CITY CENTER SUITE 2800  
CITY-ST-ZIP TAMPA FL 33606

3.1 TITLE DIRECTOR  Change  Addition  
3.2 NAME Schifino, William J Jr.  
3.3 STREET ADDRESS ONE TAMPA CITY CENTER  
3.4 CITY-ST-ZIP TAMPA, FL 33606

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *[Signature]* STUART G. LASHER 5/10/98

CR2E037 (1097)