

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90082 026 \*\*\*158.75

DOCUMENT # P95000090928

1. Corporation Name

AMERICAN PARK AND RECREATION COMPANY

Principal Place of Business

107 N 11TH ST  
SUITE A  
TAMPA FL 33602  
US

Mailing Address

107 NORTH 11TH STREET  
SUITE A  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1995

4. FEI Number

59-3352361

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TATE, MARK T  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

John L. Ervin

82 Street Address (P.O. Box Number is Not Acceptable)

107 N 11th Street

83

84 City

Tampa

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ERVIN, JOHN L  
STREET ADDRESS 107 N11TH S STE A  
CITY-ST-ZIP TAMPA FL 33602

TITLE ST ☐ DELETE

NAME ERVIN, KATHRYN A  
STREET ADDRESS 107 N 11TH ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE

NAME WINN, NANCY R  
STREET ADDRESS 92 ADALIA  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☒ DELETE

NAME SINE, MARYANN K  
STREET ADDRESS 5410 WINWARDWAY  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

Date

813-229-7275

Daytime Phone #

CR2E034 (11/98)

0396971