

# 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 # N33210 (8)

1. Corporation Name

THE 301 HOUSE, INC.



Principal Place of Business

Mailing Address

~~8868 NORTH 301 HIGHWAY~~  
TAMPA FL 33637

8601 BOWLES ROAD  
TAMPA FL 33637  
US

3. Date Incorporated or Qualified  
07/10/1989

3a. Date of Last Report  
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 8601 Bowles Rd

26

4. FEI Number  
59-2961828

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

ZIMMERMAN, SUSAN  
6606 TRAVIS BLVD.  
TAMPA FL FL

81 Name

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

83

84 City

FL 85 Zip Code  
33610

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

TITLE ED  
NAME GODWIN, MIKE  
STREET ADDRESS 10040 HARNEY ROAD  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE VC  
NAME WHITE, KEN  
STREET ADDRESS P.O. BOX 290741 N/A  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE SECD  
NAME SMITH, LYNDIA A  
STREET ADDRESS 12803 CARLTON ROAD  
CITY-ST-ZIP THONOTOSASSA FL ☐ DELETE

TITLE TD  
NAME ZIMMERMAN, SUSAN  
STREET ADDRESS 6606 TRAVIS BLVD  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE S  
NAME WHITE, KEN  
STREET ADDRESS P. O. BOX 290741 N/A  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE D  
NAME KLINGMAN, DONALD  
STREET ADDRESS 6806 N 301 HIGHWAY  
CITY-ST-ZIP TAMPA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ED  
1.2 NAME Ruth Horne  
1.3 STREET ADDRESS 3813 N 53RD ST  
1.4 CITY-ST-ZIP TAMPA FL 33614 ☒ Change ☒ Addition

2.1 TITLE VC  
2.2 NAME Frank Hatcher  
2.3 STREET ADDRESS 4205 BAYVIEW RD  
2.4 CITY-ST-ZIP Plant City FL 33566 ☒ Change ☒ Addition

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 800001842028  
5.4 CITY-ST-ZIP -05/29/96--01022--016 \*\*\*61.25 ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS GAY MADRILL-D  
6.4 CITY-ST-ZIP 6805 William Rd  
Thonotosassa FL 33592 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)