

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092770 (3)

1. Corporation Name

T/K PHOENIX OF FLORIDA, INC.

Principal Place of Business

1600 DELAWARE AVE. N.E.
ST. PETERSBURG FL 33703

Mailing Address

1600 DELAWARE AVE. N.E.
ST. PETERSBURG FL 33703



2. Principal Place of Business

2a. Mailing Address

21 1600 DELAWARE AV. NE.
Suite, Apt. #, etc.

26 1600 DELAWARE AV. NE.
Suite, Apt. #, etc.

22 City & State
23 ST. PETERSBURG, FL.

27 City & State
28 ST. PETERSBURG, FL.

24 Zip 33703 25 Country U.S.A.

29 Zip 33703 30 Country U.S.A.

9. Name and Address of Current Registered Agent

PHOENIX, WM. TODD
1600 DELAWARE AVE. N.E.
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report
N/A

4. FEI Number 59-3346668
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

10. Name and Address of New Registered Agent

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 607.0502 and 607.1506, 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 the corporation

(NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PHOENIX, WM. TODD
STREET ADDRESS 1600 DELAWARE AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703
☐ DELETE

TITLE D
NAME PHOENIX, KIMBERLY S
STREET ADDRESS 1600 DELAWARE AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 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 607, 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

6-28-96 (813) 522-7372
Date Date/Time #

CR2E034 (12/95)