

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 220909 (6)

1. Corporation Name

TAMPA NOVELTY CO., INC.

Principal Place of Business

**501 SOUTH FLORIDA AVE
TAMPA FL 33602**

Mailing Address

**501 SOUTH FLORIDA AVE
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1959

3a. Date of Last Report

04/22/1994

4. FEI Number

59-0867954

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, FRANK B
501 S. FLORIDA AVE
TAMPA FL 33602**

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 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

(Print or type name of registered agent, if applicable)

(Print or type name of registered agent, if applicable)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME

**PD
COHEN, FRANK B
501 S. FLORIDA AVENUE
TAMPA FL**

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.5 NAME

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

12.9 NAME

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 NAME

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 NAME

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 NAME

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

12.25 NAME

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY, ST, ZIP

12.29 NAME

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY, ST, ZIP

12.33 NAME

12.34 NAME

12.35 STREET ADDRESS

12.36 CITY, ST, ZIP

12.37 NAME

12.38 NAME

12.39 STREET ADDRESS

12.40 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME

☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 NAME

☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME

☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 NAME

☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 NAME

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 NAME

☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 NAME

☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

13.33 NAME

☐ Change ☐ Addition

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY, ST, ZIP

13.37 NAME

☐ Change ☐ Addition

13.38 NAME

13.39 STREET ADDRESS

13.40 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equally for the exemption stated in Section 139.02(2)(b), Florida Statutes. I further certify that the information made stated on this annual report or supplemental annual report is true and in conformity with that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit filed with this report.

SIGNATURE:

Frank B. Cohen
Frank B. Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

(913) 723-4725

Date

Telephone Area #