# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:29

DOCUMENT # 317546 (0)

1. Corporation Name
TAMPA AQUATIC NURSERIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 16644<br>TEMPLE TERRACE FL 33687-6644 | P.O. BOX 16644<br>TEMPLE TERRACE FL 33687-6644 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1967
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business
21 10516 Branchton Church Rd.
22 Suite, Apt. #, etc.
23 City & State: Thonotosassa,Fla.
24 Zip: 33592
25 Country: Hillsboro

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

LEMON, JAMES
10516 BRANCHTON CHURCH ROAD
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name: Frank Bombino
82 Street Address (P.O. Box Number is Not Acceptable): 10516 Branchton Church Rd.
83 Thonotosassa
84 City: Thonotosassa FL 85 Zip Code: 33592

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: _____ March 11, 1995
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 | P | 1.1 TITLE | President ☒ Change ☐ Addition |
| NAME | LEMON, JAMES | 1.2 NAME | Frank Bombino |
| STREET ADDRESS | 10516 BRANCHTON CHURCH | 1.3 STREET ADDRESS | 10516 Branchton Church Rd. |
| CITY-ST-ZIP | THONOTOSASSA FL | 1.4 CITY-ST-ZIP | Thonotosassa, Florida 33592 |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BOMBINO, FRANK | 2.2 NAME | |
| STREET ADDRESS | 10516 BRANCHTON CHCH RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | THONOTOSASSA FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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.

SIGNATURE: _____ 3-12-95 813-986-1324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304037 CP