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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

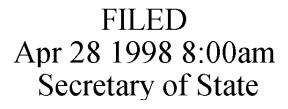
DOCUMENT # 324000

000 (9)

TAMPA SPRING CO.

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Mailing Address





Principal Place	or Business	Maning Address						
8820 BROOKS		8820 BROOKS ST						
TAMPA FL 336	XV4	TAMPA FL 33604			DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualified	•		
					12/11/1967			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
——————————————————————————————————————					59-1198637		Not Applicable	
11 26					\$8.75 Addition			
		27	¬		5. Certificate of Status Desired	Certificate of Status Desired Fee Required		
City & State City & State					6. Election Campaign Financing	\$5	.00 May Be	
- , ∤₁		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible			
24	25			Personal Property Tax due June 30. X Yes No				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	d Agent		
MES	SSINA, JOHN JR.		8.	Name				
7816 RIVER SHORE DR.			8;	Street Add	dress (P.O. Box Number is Not Acceptable)			
TAMPA FL 33604				Orect Address (i.e. box Hallings is that Addeptation				
			8:	3				
			84	1 City		85	Zip Code	
				'	F		•	
office or re agent. I ar	o the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was pations of, Section 607.05 <mark>05,</mark> Fl	tes, the abor authorized t lorida Statute	ve-named cor by the corpora as.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changi pointmer	ing its registered at as registered	
SIGNATURE .	Signature, typed or prieted ramie of registereo as	ent and title if applicable (NO	It: Registered A	gent signature requ	uired when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIREC	TORS IN 12	
TITLE	DP	DELETE	1.1 TITLE			Cha	nge 🔲 Addition	
NAME	AZZARELLI,BARTLE		1.2 NAME					
STREET ADDRESS	8820 BROOKS STREET		1.3 STREI	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY					
TITLE	DV	DELETE	2 1 TITLE			Cha	nge Addition	
NAME	AZZARELLI,PETER J		2.2 NAME					
STREET ADDRESS	8820 BROOKS STREET		2.3 STREI	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP		t			
TITLE	\$TD	DELETE	3.1 TITLE			Cha	nge Addition	
NAME	MESSINA, JOHN, JR.		3 2 NAME	1				
STREET ADDRESS	8820 BROOKS STREET			ET ADDRESS				
· · · · · · · · · · · · · · · · · · ·	TAMPA FL		3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	TOWN IN THE	DELETE 4.1				Cha	nge Addition	
NAME		4.2						
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE	DELETE		5.1 T(TLF	t"		Cha	nge Addition	
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5 4 CITY					
TITLE	DELETE		6 1 TITLE			Cha	nge 🔲 Addition	
NAME			6.2 NAME	.				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					
14. I hereby o	ertify that the information supplied v	with this filing does not qualify t	for the exem	ption stated in	in Section 119.07(3)(i), Florida Statutes. I further	certify tha	t the information	
indicated officer or o	on this annual report or s upplement	tal annual report is true and ac- seiver or trustee empowered to	curate and t	hat my signat	ture shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and tha	under oatl	h; that I am an	