ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 330835 (0)

1. Corporation Name

TAMPA DISCOUNT AND INVESTMENT CORP.

Principal Place of Business	Mailing Address
4346 S MANHATTAN AVE P. O. BOX 13598 TAMPA FL 33681-3598 US	4346 DUNBARTON #4 P. O. BOX 13598 TAMPA FL 33681-3598 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1968
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21 4346 Dunbarton
22 Suite, Apt. #, etc. #8
23 City & State: Tampa, Florida
24 Zip: 33611
25 Country: US

2a. Mailing Address
26 P.O. Box 13598
27 Suite, Apt. #, etc.
28 City & State: Tampa, Florida
29 Zip: 33681-3598
30 Country: US

4. FEI Number: 59-1258316 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KESSLER, WALTER H.
4346 DUNBARTON #3
TAMPA, FL E 33611

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	WITTCOFF, RICHARD	12 NAME	
STREET ADDRESS	4346 DUNBARTON #3	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	KESSLER, WALTER H.	22 NAME	
STREET ADDRESS	4346 DUNBARTON #3	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KESSLER, ROBERT M.	32 NAME	
STREET ADDRESS	4346 DUNBARTON #3	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Walter H. Kessler - WALTER H. KESSLER 4-17-95 813 839-5967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444430 FP