

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

FILED  
Apr 17 1996 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 347661 (1)

1. Corporation Name

TAM-BAY REALTY INC

Principal Place of Business

Mailing Address

4901 W CYPRESS ST  
TAMPA FL 33607

SUITE 200

4901 W CYPRESS ST  
TAMPA FL 33607

SUITE 200

3. Date Incorporated or Qualified

06/10/1969

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1262293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

KILLIAN, DORIS  
4901 W CYPRESS ST SUITE 200  
TAMPA, FL  
33607

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 607.1504, 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 title if applicable

Signature, typed or printed name of registered agent and title if applicable

Date

1/19/96

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	COSTANGO, SHIRLEY A	
STREET ADDRESS	4706 ESTRELLA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KILLIAN, DORIS	
STREET ADDRESS	4929 BAY WAY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARFIELD, JOHN A	
STREET ADDRESS	11004 KEWANEE DR	
CITY-ST-ZIP	TEMPLE TERR FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLEMAN, JANA A	
STREET ADDRESS	4505 SWEETWATER LAKE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4901 W. CYPRESS ST, Ste 200
1.4 CITY-ST-ZIP	TAMPA, FL 33607
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4901 W. CYPRESS ST, Ste 200
2.4 CITY-ST-ZIP	TAMPA, FL 33607
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4901 W. CYPRESS ST, Ste 200
3.4 CITY-ST-ZIP	TAMPA, FL 33607
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4901 W. CYPRESS ST, Ste 200
4.4 CITY-ST-ZIP	TAMPA, FL 33607
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Sandra B. Morham Sec-Treas 1/19/96 813-289-6600

CR2E034 (12/95)