

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 464099

(1)

1. Corporation Name

THE TRIANGLE SHOPPING GUIDE, INC.

Principal Place of Business

Mailing Address

32225 HIGHWAY 19A (MOUNT DORA)  
PO BOX 187  
DADE CITY FL 33526-0187

32225 HIGHWAY 19A (MOUNT DORA)  
PO BOX 187  
DADE CITY FL 33526-0187



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

10/24/1974

3a. Date of Last Report

02/17/1995

4. FEI Number

59-1555932

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

10. Name and Address of New Registered Agent

TABOR, MICHAEL  
4645 NORTH HWY 19A  
MT DORA FL 32757

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

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 TD  
NAME MATTHEW, WILLIAM L  
STREET ADDRESS 129 BUENA VISTA DR  
CITY-STATE-ZIP DUNEDIN FL

☐ DELETE

TITLE SD  
NAME STORY, CLEMENT III  
STREET ADDRESS 115 W. MAIN STREET.  
CITY-STATE-ZIP LAFAYETTE LA

☐ DELETE

TITLE PD  
NAME TABOR, MICHAEL E  
STREET ADDRESS 4645 NORTH HWY 19 A  
CITY-STATE-ZIP MT DORA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

1 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

☐ Change ☐ Addition

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

☐ Change ☐ Addition

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

☐ Change ☐ Addition

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

☐ Change ☐ Addition

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

☐ Change ☐ Addition

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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 *William L. Matthew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96  
Date

813-733-8053  
Daytime Phone

CR2E034 (12/95)