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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **466379** **(5)**

1. Corporation Name

TAMPA BAY AREA NFL FOOTBALL, INC.

Principal Place of Business	Mailing Address
ONE BUCCANEER PLACE TAMPA FL 33607	ONE BUCCANEER PLACE TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1974	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1562809	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

STORY, STEPHEN, F
1408 N WESTSHORE BLVD, STE 908
TAMPA FL 33607

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 Section 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VASD NAME: STORY, STEPHEN F STREET ADDRESS: 1408 N. WESTSHORE #908 CITY ST ZIP: TAMPA FL	TITLE: P/S/T/D ☒ Change ☐ Addition NAME: STORY, STEPHEN F. STREET ADDRESS: 1408 NORTH WESTSHORE BLVD., SUITE 908 CITY ST ZIP: TAMPA, FLORIDA 33607
TITLE: AS NAME: CAPPELLO, VALARIE G STREET ADDRESS: 1408 N. WESTSHORE BLVD, SUITE 908 CITY ST ZIP: TAMPA FL	TITLE: V ☒ Change ☐ Addition NAME: MCKAY, RICHARD J. STREET ADDRESS: ONE BUCCANEER PLACE CITY ST ZIP: TAMPA, FLORIDA 33607
TITLE: PTD NAME: CULVERHOUSE, GAY STREET ADDRESS: ONE BUCCANEER PLACE CITY ST ZIP: TAMPA FL 33607	TITLE: D ☒ Change ☐ Addition NAME: CONE, FRED M., JR. STREET ADDRESS: 225 WATER STREET, SUITE 1235 CITY ST ZIP: JACKSONVILLE, FLORIDA 32202
TITLE: D NAME: CULVERHOUSE, HUGH JR. STREET ADDRESS: ONE BUCCANEER PLACE CITY ST ZIP: TAMPA FL 33607	TITLE: D ☒ Change ☐ Addition NAME: DONLAN, JOHN M. STREET ADDRESS: 1408 NORTH WESTSHORE BLVD., SUITE 908 CITY ST ZIP: TAMPA, FLORIDA 33607
TITLE: VPS NAME: MCKAY, RICHARD STREET ADDRESS: ONE BUCCANEER PLACE CITY ST ZIP: TAMPA FL	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY ST ZIP:
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY ST ZIP:

14. To the best of my knowledge, information and belief, the information supplied with this filing is complete, accurate and not misleading except as may be necessary to comply with the good faith requirement of Section 607.0128, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Valarie B Cappello 4-18-95 (813) 287-0023
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
VALARIE G. CAPPELLO

0292806 CP