

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

APPROVED
AND
FILED

95 MAY -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 474761

(4)

T. CORPORATION NAME

CALOOSA T.V., INC.

Principal Place of Business

Mailing Address

605 TAMiami TRAIL N.
RUSKIN FL 33570

605 TAMiami TRAIL N
RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1585268

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROQUE, RAUL
2022 1/2 E. 7TH AVENUE
TAMPA FL

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 as set forth 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 licensed with and accept the jurisdiction of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P
2. NAME	STACK, EDWARD J.
3. STREET ADDRESS	728 JAMAICA CIRCLE W.
4. CITY, ST, ZIP	APOLLO BEACH FL
5. TITLE	D
6. NAME	STACK, ANNA S.
7. STREET ADDRESS	728 JAMAICA CIRCLE W.
8. CITY, ST, ZIP	APOLLO BEACH FL
9. TITLE	V
10. NAME	POELVOORDE, RICHARD P
11. STREET ADDRESS	2115 38 STREET SE
12. CITY, ST, ZIP	RUSKIN FL
13. TITLE	T
14. NAME	POELVOORDE, VICTORIA L
15. STREET ADDRESS	2115 38 STREET SE
16. CITY, ST, ZIP	RUSKIN FL
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied on this filing is voluntary, true and correct and does not qualify for the exemption stated in Sections 139.017, 139.018, Florida Statutes. I further certify that the information included on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recorder of public records required to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1, of change of or on an attachment with this return.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

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