

512598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300384758093

5 N° 12598

HODGE-PODGE OF TAMPA, INC.

Capital Stock 500 SH @ \$10.00

Principal Office Tampa

Filed Sept. 17, 1976

9/21/76
LBS

512598



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

September 20, 1976

BRUCE A. SMATHERS
SECRETARY OF STATE

Richard W. Reeves, Esq.
Suite 204
100 E. Madison Street
P.O. Box 3382
Tampa Florida 33601

Telephone Number:
904/488-3140

CHARTER NUMBER: 512598

SUBJECT: HODGE-PODGE OF TAMPA, INC.

This will acknowledge receipt of the following:

- ☒ 1. Check in the amount of \$ 63.00.
- ☒ 2. Articles of Incorporation filed September 15, 1976.
- ☐ 3. Amendment to Articles of Incorporation filed
- ☐ 4. Articles of Merger or Consolidation filed
- ☐ 5. Certificate of Withdrawal filed
- ☐ 6. Limited Partnership filed
- ☐ 7. Trademark Application filed
- ☐ 8. Application for qualification filed. It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
- ☐ 9. Reinstatement filed
- ☐ 10. Dissolution filed
- ☐ 11. Other:

ENCLOSED:

- ☒ 1. Certified Copy(ies)
- ☐ 2. Certificate(s) Under Seal
- ☐ 3. Photocopy(ies)
- ☐ 4. Other:

js

DIVISION OF CORPORATIONS

Corp. 100 (Corp. 2)
05/03/76

RICHARD W. REEVES

ATTORNEY AT LAW
TAMPA, FLORIDA

(813) 223-5441

STREET ADDRESS
SUITE 204
100 E. MADISON STREET

MAILING ADDRESS
P. O. Box 3362
33601

September 7, 1976

Secretary of State
Division of Corporations
The Capitol
Tallahassee, Florida 32304

Re: Hodge Podge of Tampa, Inc.

Gentlemen:

I am enclosing an original and one copy of the Articles of Incorporation for Hodge Podge of Tampa, Inc. and my check in the amount of \$63 with the request that the original Articles be filed and a certified copy returned to me.

Yours very truly,

Richard W. Reeves

Richard W. Reeves

RWR:dl
Enclosures

PROVINCE TAX	
C. TAX	30
FINING	15
C. COPY	15
R. A. FEE	3
P. COPY	
SEARCH	63
TOTAL	
BALANCE DUE	

RECEIVED
SEP 13 3 23 PM '76
DEPARTMENT OF STATE
MAILROOM
TALLAHASSEE, FLA.

EFFECTIVE DATE
9-15-76

mb

512578

591693
APR 24-76

OK

SEP 13-76 02 154800 *****3.0
SEP 13-76 02 154700 *****15.0
SEP 13-76 02 154600 *****15.0
SEP 13-76 02 154500 *****30.0

SEP 15 12 44 PM '76
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

the business and affairs of this corporation shall be managed under the direction of the shareholders of this corporation who shall be deemed the directors for all purposes authorized or imposed by said Act.

Article VII - Incorporator and Initial Shareholders

The names and addresses of the incorporator and the initial shareholders (deemed initial directors) of this corporation are:

Betty J. Keehan Incorporator and Shareholder
3612 Barcelona
Tampa, Florida 33609

Lucile F. Keehan Shareholder
3612 Barcelona
Tampa, Florida 33609

IN WITNESS WHEREOF the undersigned Incorporator has executed these Articles of Incorporation this 8th day of September, 1976.

Betty J. Keehan
Betty J. Keehan
As Incorporator

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared BETTY J. KEEHAN known to me and known by me to be the person who executed the foregoing Articles of Incorporation and he acknowledged before me that he executed said Articles.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the state and county aforesaid this 8th day of September, 1976.

Deborah R. Fair
Notary Public

My commission expires: June 26, 1977

ACCEPTANCE OF RESIDENT AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in the Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By Betty J. Keehan
Betty J. Keehan
As Resident Agent

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE.



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1977

Bruce A. Smathers
Secretary of State
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 2 9 53 AM 1977

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office: 512598 HODGE PUDGE OF TAMPA, INC, 3648 HENDERSON BLVD, TAMPA, FLORIDA 33609 If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address P.O. Box No. City State Zip Code	
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3. Date Incorporated or Qualified To Do Business in Florida 09/17/1976	4. Federal Employer Identification Number (FEIN) 59-1687312 50-1687312	5. Date of Last Report
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6. Names and Street Addresses of Each Officer and Director				
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
KEEHAN, BETTY J.	Pres.	DIR	3612 BARCELONA	TAMPA FL
KEEHAN, LUCILE F.	Sec. Treas.	DIR	3612 BARCELONA	TAMPA FL

7. Registered Agent Information If you wish to change Registered Agent on this form, enter all new information here	Name KEEHAN, BETTY J. City, State and Zip Code TAMPA, FLORIDA 33609	Street Address (Do NOT Use P.O. Box Number) 3648 HENDERSON BLVD.
	Name City, State and Zip Code	Street Address (Do NOT Use P.O. Box Number)

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.
No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report
as Required by Chapter 007 F.S. I further Certify That I Understand My Signature On This Report Shall
Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer Betty J. Keahan	Title President	Telephone Number 837-3081
Signature <i>Betty J. Keahan</i>		Date 5/16/1977

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

780040

Date 4/5/78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

**CORPORATION
ANNUAL REPORT**



1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

JAN 27-79 2 2972*****10.00

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office 512598 HODGE PODGE OF TAMPA, INC. 3648 HENDERSON BLVD. TAMPA, FLORIDA 33609 If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient. Street Address _____ P.O. Box No. _____ City _____ State _____ Zip Code _____	
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3. Date Incorporated or Qualified To Do Business in Florida 9/17/1976	4. Federal Employer Identification Number (FEIN) 59-1687312	5. Date of Last Report 1978
---	---	---

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
KEEHAN, BETTY J.	P/D	3612 BARCELONA	TAMPA FL
KEEHAN, LUCILE F.	S/D	3612 BARCELONA	TAMPA FL

7. Registered Agent Information Name KEEHAN, BETTY J. Street Address (Do NOT Use P.O. Box Number) 3648 HENDERSON BLVD. City, State and Zip Code TAMPA, FLORIDA 33609		If you wish to change Registered Agent on this form, enter all new information below. Name _____ Street Address (Do NOT Use P.O. Box Number) _____ City, State and Zip Code _____
--	--	---

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer Betty J. Keegan Signature <i>Betty J. Keegan</i>	Title President	Telephone Number 879-0937 Date 1-15-79
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DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1980 THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE	 FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE APPROVED AND FILED MAR 7 9 55 AM 1980 FLORIDA DEPARTMENT OF STATE CORPORATIONS DIVISION TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office: 512598 HODGE PODGE OF TAMPA, INC. 3648 HENDERSON BLVD. TAMPA, FLORIDA 33609 If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.	2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient. Street Address _____ P.O. Box No. _____ City _____ State _____ Zip Code _____
--	---

3. Date Incorporated or Qualified To Do Business in Florida 9/17/1976	4. Federal Employer Identification Number (FEIN) 59-1687312	5. Date of Last Report 1979
---	---	---

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KEEHAN, BETTY J.	P/O	3612 BARCELONA	TAMPA FL
KEEHAN, LUCILE F.	S/O	3612 BARCELONA	TAMPA FL

7. Registered Agent Information Name KEEHAN, BETTY J. Street Address (Do NOT Use P.O. Box Number) 3648 HENDERSON BLVD. City, State and Zip Code TAMPA, FLORIDA 33609	To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.
--	--

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 637 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer Betty J. Keehan Signature <i>Betty J. Keehan</i>	Title President	Telephone Number 879-0937 Date 2/15/80
--	----------------------------	--

708 B 17/80

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1981 THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE	FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE APR 21 2 45 PM 1981 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
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◀ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ▶
 PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office. 512598 HODGE PUDGE OF TAMPA, INC. 3648 HENDERSON BLVD. TAMPA, FLORIDA 33609 If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Above is NOT Sufficient. Street Address P.O. Box No. City State Zip Code
--	--

3. Date Incorporated or Qualified To Do Business in Florida	9/17/1976	4. Federal Employer Identification Number (FEIN)	59-1687312	5. Date of Last Report	1980
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6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KEEHAN, BETTY J.	P/O	3612 BARCELONA	TAMPA FL
KEEHAN, LUCILE F.	S/O	3612 BARCELONA	TAMPA FL

7. Registered Agent Information Name KEEHAN, BETTY J. Street Address (Do NOT Use P.O. Box Number) 3648 HENDERSON BLVD. City, State and Zip Code TAMPA, FLORIDA 33609	To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.
---	---

8. See signature restrictions under instructions on reverse side of this form. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.		
Typed Name of Signing Officer Betty J. Keehan	Title President	Telephone Number 879-0937
Signature <i>Betty J. Keehan</i>		Date 3/18/81

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1982



Florida Department of State
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

MAR 3 10 34 AM '82

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

512598
HODGE POGGE OF TAMPA, INC.
3648 HENDERSON BLVD.
TAMPA, FLORIDA

33609

2. Enter Change of Address of Corporation Principal Office. If 0, No Change Address is NOT Sufficient

3612 Barcelona

City

Tampa

State

Zip Code

33609

3. Date of Report (Month, Day, Year) of the Report Address

09/17/1976

4. Federal Employer Identification Number (EIN)

59-1687312

5. Date of Last Report

05/21/1981

Name of Officer and Director	Position	Address (City, State and Zip Code)	City and State
KEEHAN, BETTY J.	P/O	3612 BARCELONA	TAMPA FL
KEEHAN, LUCILE F.	S/O	3612 BARCELONA	TAMPA FL

Registered Agent Information

KEEHAN, BETTY J.
3648 HENDERSON BLVD.
TAMPA, FLORIDA

33609

Same

Street Address (Do NOT use P.O. Box Number)

3612 Barcelona

City, State and Zip Code

Tampa, Florida 33609

6. If the corporation is organized under the laws of the State of Florida, it must be organized under the laws of the State of Florida. If the corporation is organized under the laws of another state, it must be organized under the laws of that state.

7. If the corporation is organized under the laws of another state, it must be organized under the laws of that state.

8. If the corporation is organized under the laws of another state, it must be organized under the laws of that state.

9. If the corporation is organized under the laws of another state, it must be organized under the laws of that state.

\$3.00 additional fee required for Registered Agent changes.

10. If the corporation is organized under the laws of another state, it must be organized under the laws of that state.

11. If the corporation is organized under the laws of another state, it must be organized under the laws of that state.

Betty J. Keehan
Betty J. Keehan

President

Date

1-25-82

Signature

857-2084

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT
1983



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED
SEP 23 10 51 AM 1983

Read Notice and Instructions on Other Side Before Making Emphasis
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: 512598 HODGE PUDGE OF TAMPA, INC. 0612 BARCELONA TAMPA, FLORIDA 33609		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient: Street Address: Mistake- 3612 Barcelona P.O. Box No.: City: State: Zip Code: 33629	
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3. Date Incorporated or Qualified to Do Business in Florida: 09/17/1976	4. Federal Employer Identification Number (FEIN): 59-1687313	5. Date of Last Report: 03/03/1982
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6. Name and Street Address of Each Officer and Director, as of December 31, 1982		7. Title	8. Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	9. City and State
KEEHAN, BETTY J.		P/D	3612 BARCELONA	TAMPA FL
KEEHAN, LUCILE F.		S/D	3612 BARCELONA	TAMPA FL

10. Name and Address of Current Registered Agent: KEEHAN, BETTY J 3612 BARCELONA TAMPA, FLORIDA 33609		11. Name and Address of New Registered Agent: Name: Street Address (Do NOT Use P.O. Box Number): City, State and Zip Code: 33629	
---	--	--	--

I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and I am duly qualified to make this statement for the purpose of changing the registered agent or registered agent, or both, in the State of Florida.

Signature: _____ Date: _____

(Print Name of Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

Use signature instructions on reverse side of this form.

I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and I am duly qualified to make this statement for the purpose of changing the registered agent or registered agent, or both, in the State of Florida.

Signature: *Betty J. Keehan* Date: **9/18/83**
 Betty J. Keehan President **837-3084**

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1984



FLORIDA DEPARTMENT OF STATE
George F. J. Stone
Secretary of State
DIVISION OF CORPORATIONS

MAILED
JAN 22 1984

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
512598 HODGE PUDGE OF TAMPA, INC. 3612 BARCELONA TAMPA, FL		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			

3 Date Incorporated or Qualified To Do Business in Florida	09/17/1976	4 Federal Employer Identification Number (FEIN)	59-1687312	5 Date of Last Report	09/23/1983
--	------------	---	------------	-----------------------	------------

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
1 KEEHAN, BETTY J.	P/O	3612 BARCELONA	TAMPA FL
2 KEEHAN, LUCILE F.	S/O	3612 BARCELONA	TAMPA FL

7 Registered Agent Information	
7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
KEEHAN, BETTY J 3612 BARCELONA TAMPA, FL	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, S.

I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature	Date
<i>Betty J. Keehan</i>	4-2-84
Typed Name of Signing Officer	Telephone Number
Betty J. Keehan	837-3084

11 Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED

\$5 Additional fee required for certificates

CS-01 6/20/11 2/84

ANNUAL REPORT
1989

512598

2024年12月15日

Hodge Podge of Tampa, Inc.
3612 Barcelona
Tampa, Florida 33629

• To the Department of Address of Correspondence Principal
• To the Department of Address of Correspondence Subscribers

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Cal, and Dore

En Canto 24

1. NAME _____
2. ADDRESS _____
3. CITY _____
4. STATE _____
5. ZIP _____

1984-1985

9/18/70

59-16873-12

4. 0501

تاریخ ۱۳۸۵

11/15/55

Ch. 47, §25

Pres. Betty J. Keenan 3612 Barcelona
Tues

3612 Barcelona

Tampa, Fla. 33629

Sec. Lucile F. Keenan: 3612 Barcelona

Tampa, Fla. 33629

REINSTATEMENT

985/106

Filed
89 NOV 29 4 10:35
STC

REGISTERED AGENT INFORMATION

Betty J. Keenan
2612 Barcelona
Tampa, Fla. 33629

[illegible]

DATE OF ADOPTION: 1967 OCT 20 BY: HOUSE

1997-98 2000-01

FL

1990

1. The following is a list of the names of the persons who have been identified as having been involved in the activities of the Committee for the Liberation of the Americas (CLA) in the United States of America, as of the date of the report of the Committee on the Assassinations of President John F. Kennedy, dated 1967-1968.

$$A_1 = \begin{pmatrix} 1 & 0 & 0 \\ 0 & 1 & 0 \\ 0 & 0 & 1 \end{pmatrix}, A_2 = \begin{pmatrix} 1 & 0 & 0 \\ 0 & 1 & 0 \\ 0 & 0 & 1 \end{pmatrix}, A_3 = \begin{pmatrix} 1 & 0 & 0 \\ 0 & 1 & 0 \\ 0 & 0 & 1 \end{pmatrix}$$

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1. 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 278

1. The first of these is the fact that the *Journal of the American Medical Association* (JAMA) has been the most influential of the medical journals in the United States. It has been the most widely read and the most influential of the medical journals in the United States. It has been the most widely read and the most influential of the medical journals in the United States.

—

Betty J. Keckar
Betty J. Keckar President

11/26/89

837-3084

After Revisited X

53 Accounting For
compared to a
Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

PL0077041

CORPORATION

ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

90 JUL 15 PM 2:41

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

512598 4

ZIP + 4 PRESORT

HODGE PODGE OF TAMPA, INC.
3612 BARCELONA
TAMPA, FL 33629-6901

If above address is incorrect in any way, enter the correct address
in item 2. Include Zip Code

2 If changes in Block 1 is incorrect in any way, enter the correct
or, more below. P.O. Box number alone is NOT sufficient. The NAME
of the corporation can be changed only by filing an amendment

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date incorporated or Qualified
To Do Business in Florida 09/17/1976

4 FEI Number 59-1687312

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
P/T	KEEHAN, BETTY J.	3612 BARCELONA	TAMPA FL	
S	KEEHAN, LUCILE F.	3612 BARCELONA	TAMPA FL	

REGISTERED AGENT INFORMATION

6 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

KEEHAN, BETTY J
3612 BARCELONA
TAMPA, FL 33629

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with and accept the provisions of Section 607.325 FS.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE 6/29/90

10 I 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 effects as if made under oath. I further certify that I am an officer or director of the corporation or the registered or business empowered to execute this report as required by Chapter 607, F.S.

SIGNATURE

DATE

Signature of Officer or Director

Telephone Number

Betty J. Keehan

President

(813) 837-3084

11. Member has given a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

SS Approved For
Incorporation by a
Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REV 2/1/91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF \$61.25 REQUIRED

1. Name and Mailing Address of Corporation **DOCUMENT #512598 (4)**
ZIP + 4 PRESORT

HODGE PUDGE OF TAMPA, INC.
3812 BARCELONA
TAMPA, FL 33629-6901

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

09/17/1976

4. FEI Number

59-1687312

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75** Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/T	KEEHAN, BETTY J.	3812 BARCELONA	TAMPA FL
S	KEEHAN, LUCILE F.	3812 BARCELONA	TAMPA FL

REGISTERED AGENT INFORMATION

B. Name and Address of New Registered Agent

61 Name

62 Street Address 1 (Do NOT Use P.O. Box Number)

63 Street Address 2 (Do NOT Use P.O. Box Number)

64 City

FL.

65 Zip Code

KEEHAN, BETTY J
3812 BARCELONA
TAMPA, FL 33629

I, Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____
(Registered Agent Accepting Appointment)

DATE _____

I, I certify that the information included 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. I further certify that I am an officer or director of the corporation or the registered agent or licensed professional to execute this report as required by Chapter 607.

SIGNATURE *Betty J. Keehan*
President

DATE **4/13/91**

Telephone Number (Daytime)
(813) 837-3084

FILING FEE OF \$61.25 REQUIRED — Make Checks Payable To: Secretary of State **\$8.75** Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smiley
Secretary of State
DIVISION OF CORPORATIONS

352-7712

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
352-7712
FILING

FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT # 512598 (4)

HOOGE PUDGE OF TAMPA, INC.
3612 BARCELONA
TAMPA FL 33629-6901

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. If the
Box is applicable, PUT INSIDE the corporation on the company's
file by this date.

21. Mailing Address

22. P.O. Box No.

23. City and State

24. Zip Code

3. If any address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3. Date Incorporated or Changed
To Do Business in Florida 09/17/1976

3a. Date of Last Report 06/21/1991 4. FEI Number 59-1687312 5. FEI Number Applied For \$6.75
6. FEI Number Not Applicable CERTIFICATE OF STATUS DESIGNED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction base or feed to cover true information)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P/T	KEEHAN, BETTY J.	3612 BARCELONA	TAMPA FL
S	KEEHAN, LUCILE F.	3612 BARCELONA	TAMPA FL

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

KEEHAN, BETTY J
3612 BARCELONA
TAMPA, FL 33629

81. Name	
82. Street Address (Do NOT Use P.O. Box Number)	
83. Street Address (Do NOT Use P.O. Box Number)	
84. City	FL
85. Zip Code	

9. If the corporation is subject to Sections 607.0502 and 607.1502 or Sections 607.0502 and 607.1502, Florida Statutes, the state in which corporation is subject to such
provisions is the state of incorporation, its registered office or registered agent, or both, in the State of Florida. Such change was verified and by the corporation's board of directors
on the date of the appointment as registered agent, and must be filed with, and accepted by the Secretary of State, Florida Statutes.

10. This corporation has liability for filing the tax under S. 193.001, Florida Statutes. Yes ☒ No ☐ (See other section for information on filing tax)

11. I, the undersigned, certify that the information indicated on this annual report is true and accurate, and that I am a director of the corporation and have the authority to sign this
report on behalf of the corporation. I am a director of the corporation and have the authority to sign this report on behalf of the corporation. I am a director of the corporation and have the authority to sign this report on behalf of the corporation.

SIGNATURE *Betty J. Keehan*
Betty J. Keehan, President

DATE *June 26, 1992*
813 837-3084

File Now. Filing Fee after May 1 is \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1993



DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

93 MAY -1 PM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. NAME AND FILING NUMBER OF CORPORATION DOCUMENT # 512598 (4)

HODGE PODE OF TAMPA, INC.
3612 W BARCELONA ST
TAMPA FL 33629-6901

DO NOT WRITE IN THIS SPACE

2. FILING FEE \$200.00		ANNUAL REPORT \$61.25 + \$136.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE		3. Date Incorporated or Qualified 09/17/1978	3a. Date of Last Report 07/02/1992
21. Mailing Address		26. Principal Place of Business		4. FET Number 591687312	ACKED FOR Not Acknowledged
22. City & State		27. Subsidiary Place of Business		5. Certificate of Status Desired ☐ \$8.75 (May 1994)	
23. Country		28. City & State		6. Election Campaign Financing Third Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip		29. Country		7. Nonprofit with 501(c)(3) Tax Exempt Status ☐ \$136.75 Supplemental Fee Not Required	
25. Country		30. Zip		8. This corporation has liability for nonpayment under S. 193.01, Florida Statutes ☐ Yes ☒ No	

KEEHAN, BETTY J
3612 BARCELONA
TAMPA FL 33629

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
11. Name	12. Street Address (P.O. Box Number is OK)
13. City	14. State
15. Zip Code	16. Country

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation is a corporation organized under the laws of the State of Florida, and that the undersigned is a duly authorized officer or director of said corporation, and that the undersigned is duly qualified to act as a registered agent for said corporation, and that the undersigned is duly qualified to act as a registered agent for said corporation, and that the undersigned is duly qualified to act as a registered agent for said corporation.

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
P/T KEEHAN, BETTY J. 3612 BARCELONA TAMPA FL		1. TITLE	
		2. NAME	
		3. ADDRESS	
		4. CITY, ST, ZIP	
S KEEHAN, LUCILE F. 3612 BARCELONA TAMPA FL		5. TITLE	
		6. NAME	
		7. ADDRESS	
		8. CITY, ST, ZIP	
		9. TITLE	
		10. NAME	
		11. ADDRESS	
		12. CITY, ST, ZIP	
		13. TITLE	
		14. NAME	
		15. ADDRESS	
		16. CITY, ST, ZIP	
		17. TITLE	
		18. NAME	
		19. ADDRESS	
		20. CITY, ST, ZIP	

SIGNATURE

Betty J. Keenan
Pres./Treas.

DATE 4/25/93
(813) 837-3084

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

ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # 512598 (4)
HODGE PODGE OF TAMPA, INC.

APPROVED
FILED

APR 11 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business 3612 BARCELONA TAMPA FL 33629		2a. Mailing Address 3612 BARCELONA TAMPA FL 33629	
2. Principal Place of Business 21. No. Apt. #, etc. 22. City & State 23. Zip		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	
24. Country		25. Country	
9. Name and Address of Current Registered Agent KEEHAN, BETTY J 3612 BARCELONA TAMPA FL 33629		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. I, undersigned in the provisions of Sections 007.0502 and 007.1508, Florida Statutes, this document is submitted for the purpose of changing its registered office 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 007.0506, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-12)	
NAME	PT KEEHAN, BETTY J. 3612 BARCELONA TAMPA FL	1. TITLE	☐ Change ☐ Addition
NAME	S KEEHAN, LUCILE F. 3612 BARCELONA TAMPA FL	2. NAME	☐ Change ☐ Addition
NAME		3. STREET ADDRESS	☐ Change ☐ Addition
NAME		4. CITY-STATE-ZIP	☐ Change ☐ Addition
NAME		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. STREET ADDRESS	☐ Change ☐ Addition
NAME		8. CITY-STATE-ZIP	☐ Change ☐ Addition
NAME		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
NAME		11. STREET ADDRESS	☐ Change ☐ Addition
NAME		12. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(a), Florida Statutes. I further certify that the information submitted 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.

SIGNATURE: *Betty J. Keehan*
BETTY J. KEEHAN
4/28/95 (813) 837-3874