## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # <b>658094</b> (8) |   |   |                    |              |                                       |  |  |                          |                            |
|------------------------------|---|---|--------------------|--------------|---------------------------------------|--|--|--------------------------|----------------------------|
|                              | REALTY OF TAMPA, INC.   |   |                    |              |                                       |  |  |                          |                            |
|                              |   |   |                    |              |                                       |  |  |                          |                            |
| Principal Plac               | e of Business   | Mailing Address   |                    |              |                                       |  | THE CLEAN COLD I                       | JIDII IVO!               |                            |
| 18505 PUTTERS PL.            |   | 18505 PUTTERS PL.   |                    |              |                                       |  |  |                          |                            |
| TAMPA FL 3364                | 17  | TAMPA FL 33647-2410                                       |                    |              |                                       |  |  |                          |                            |
|                              |   |   |                    |              |                                       | 3. Date Incorporated or Qualified 02/21/1980   |  | ate of Last R<br>04/1996 | eport                      |
| <u> </u>                     | Place of Business   | 28. Mailing Address                                       |                    |              | 4. FEI Number                         |  |  |                          |                            |
| Suite, Apt.                  | # ote   | Suita Ant # atc   | Suite, Apt #, etc. |              |                                       | 59-2089015   | 5972009015                             |                          |                            |
| 22                           | π, Β(C.   | 27  |                    |              |                                       | 5. Certificate of Status Desired   |  | \$8.75 /<br>Fee Re       |                            |
| City & Stat                  | e   | City & State  |                    |              | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing   |  | \$5.00                   |                            |
| 23                           |   | 28  |                    |              |                                       | Trust Fund Contribution  |  | Added 1                  |                            |
| Zıp                          | Country   | Zip   | Cou                | intry        |                                       | 8. This corporation has liability for i  |  |                          | 199.032,                   |
| 24                           | 25 9. Name and Address of Curre   | 29  | 30                 |              |                                       | Florida Statutes  10. Name and Address of New Re   | Yes [                                  |                          |                            |
| VF1 I                        |   | int negistered Agent                                      |                    | 81           | Name                                  | 10, Name and Address of New Ne   | Jistelen i                             | Ayent                    |                            |
|                              | LY, ROBERT A<br>D5 PUTTERS PLACE  |   |                    |              |                                       |  |  |                          |                            |
| TAMPA FL 33647               |   |   |                    | 82           | Street A                              | Address (P.O. Box Number is Not Acceptab   | le)                                    |                          |                            |
| 17411                        | 1 A L 55011   |   |                    | 83           |                                       |  |  |                          |                            |
|                              |   |   | i                  | 84           | City                                  |  |  | ne Zio                   | Code                       |
|                              |   |   |                    | 54           | City                                  |  | FL                                     | <b>85</b> Zip (          | Loue                       |
| 11. Pursuant                 | to the provisions of Sections 607 05 registered agent, or both, in the Stat | 02 and 607.1508, Florida State of Florida, Such change wa | tutes, the a       | bove<br>d by | named                                 | corporation submits this statement for the proporation's board of directors. I hereby accer- | urpose of                              | changing it              | s registered<br>registered |
| agent la                     | am familiar with, and accept the oblig                                      | gations of Section 607.0505,                              | Florida Stat       | tutes        |                                       | oration's board of directors. I hereby accep   | · ···· · · · · · · · · · · · · · · · · |                          | 709.0.00                   |
| SIGNATURE.                   | Signature, typed or per text along of registerest as                        | sati mette, dans basis. (N                                | Olf Houston        | d Ange       | ol vianas va                          | required when reinstating)   | DATE                                   |                          |                            |
| 12.                          | OFFICERS AN   | ND DIRECTORS  | 13.                | a rigo       | ar organization c                     | ADDITIONS/CHANGES TO OFFIC   |  | DIRECTOR                 | RS IN 12                   |
| TITLE                        | DWP   | DUEL  | 1111               | TLE          |                                       | •  |  | Change                   | Addition                   |
| NAME                         | KELLY, ROBERT A.JR.   |   | 1.2 N              | AME          |                                       |  |  |                          |                            |
| STREET ADORESS               | 967 BELLAIRE CRCL   |   | 1.3 \$1            | TREET        | ADDRESS                               |  |  |                          |                            |
| CITY-ST-ZIF                  |   |   |                    | TY-51        | · ZIP                                 | A D  |  |                          | 4 3 100 - 0                |
| TITLE                        | KELLY, JOHN M.  | DELETE  | 2.1 Ti             |              |                                       | DP Velli   |  | Change                   | Addition (                 |
| NAME<br>STREET ADDRESS       | 569 PARKWAY   |   | 2 2 N              |              | ADDRESS                               | John M. Kelly<br>1850s putters Place   |  |                          |                            |
| CITY-ST-ZIP                  | LAND O'LAKES FL   |   | 1                  | INEE F       | 1                                     | TAMPA FLORIDA 3  | 2 / H /)                               |                          |                            |
| TITLE                        | DS  | DELETE  | 31 TI              |              |                                       | DS V.P   | <u> </u>                               | Change                   | Addition                   |
| NAME                         | KELLY, ROBERT A., SR.   |   | 3 2 N              | AME          |                                       | ROBERT A KELLY GR.   |  | ·                        |                            |
| STREET ADDRESS               | 18505 PUTTERS PL.   |   | 3351               | TREET        | address                               | 18605 PUTTERS PLACE  | <b>)</b>                               |                          |                            |
| CITY - ST - ZIP              | TAMPA FL  |   | 3 4. C             | ITY · S      | T-ZiP                                 | TAMPA FLARIDA 33.  | 642                                    |                          |                            |
| TOTLE                        | DT  | DELETE  | 4.1 1              |              |                                       | p.T  |  | Change                   | Addition                   |
| NAME                         | KELLY, BETTY  |   | 4. 2 N             |              |                                       | BETTY KELLY  |  |                          |                            |
| STREET ADDRESS               | 18505 PUTTERS PL.   |   |                    |              | ADDRESS                               | 18505 Putters Place<br>Tampa Florida 334   |  |                          |                            |
| CITY-SI-Z-P                  | TAMPA FL  | DELETE  |                    | ITY - ST     | T-ZIP                                 | TAMPA FLORIDA 336  | 12                                     | Change                   | Addition                   |
| TITLE<br>NAME                |   | En perrie   | 5 1 TJ<br>5.2 N    |              |                                       |  |  | Change                   | ndullon                    |
| STREET ADDRESS               |   |   |                    |              | ADDRESS                               |  |  |                          |                            |
| CITY-ST-ZIP                  |   |   |                    | ITY - \$1    |                                       |  |  |                          | ļ                          |
| TITLE                        |   | ☐ DELETE  | 6 1 Ti             |              |                                       |  |  | Change                   | Addition                   |
| NAME                         |   |   | 6 2 N              | AME          |                                       |  |  |                          | Ì                          |
| STREET ANDRESS               |   |   | 635                | IREET        | ADORESS                               |  |  |                          |                            |

14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrural 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

Dity-St-ZIP

813-991-7366

**FILED** 

Jan 14 1997 8:00am

Secretary of State