FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 5:12

DOCUMENT # **700626** **(5)**

1. Corporation Name

MERRYMAKERS CLUB OF TAMPA, FLORIDA, INCORPORTED

Principal Place of Business	Mailing Address
124 DANUBE AVE TAMPA FL 33606	124 DANUBE AVE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1968
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-0357533 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RYWANT, MICHAEL S.
4014 PALMIRA
TAMPA FL 33609

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	WATKINS, ROBERT I.	12 NAME		
STREET ADDRESS	610 S. BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 0	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	President D	☒ Change ☐ Addition
NAME	KING, RUSTY	22 NAME	William G. Burnett	
STREET ADDRESS	4119 O'BISPO STREET	23 STREET ADDRESS	1907 W. Jetton Avenue	
CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	PD	31 TITLE	Vice President D	☒ Change ☐ Addition
NAME	HENDRY, TAP	32 NAME	Carlton W. Gray	
STREET ADDRESS	3111 PALMIRA STREET	33 STREET ADDRESS	105 S. Hesperides	
CITY-ST-ZIP	TAMPA, FL 0	34 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	SD	41 TITLE	Secretary D	☒ Change ☐ Addition
NAME	CUERVO, ALFREDON.	42 NAME	Donald L. Bryant, Jr.	
STREET ADDRESS	3917 SANTIAGO STREET	43 STREET ADDRESS	2302 S. Manhattan Avenue	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa, FL 33629	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or on an attachment with an address.

SIGNATURE: _____ 5/15/95 813-254-3869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT E. WATKINS, TREASURER

000344