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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701472** (3)

1. Corporation Name

TAMPA AREA SAFETY COUNCIL, INC.



Principal Place of Business

Mailing Address

**1113 DR. M. L. KING JR. BLVD. EAST
TAMPA FL 33603**

**1113 DR. M. L. KING JR. BLVD. EAST
TAMPA FL 33603**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HINSON, JOE B, JR
1113 E. DR. M.L. KING JR. BLVD.
TAMPA FL 33603**

3. Date Incorporated or Qualified

09/29/1960

3a. Date of Last Report

03/06/1996

4. FEI Number

59-0581682

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Joe B. Hinson Jr.

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GASBARRO, LOUIS D**
STREET ADDRESS **7531 CUMBERLAND ROAD, #17**
CITY-ST-ZIP **LARGO FL 34647-2003**

TITLE **PP** ☐ DELETE

NAME **GLAUSER, ARNOLD**
STREET ADDRESS **28455 OPENFIELD**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D** ☐ DELETE

NAME **GASBARRO, LOU**
STREET ADDRESS **7510 34TH ST. S., SUITE T-16**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **T** ☐ DELETE

NAME **DEFRANCE, LLOYD**
STREET ADDRESS **PO BOX 191 N/A**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE **SED** ☐ DELETE

NAME **HINSON JR., JOE B**
STREET ADDRESS **1113 DR. M.L. KING JR. BLVD.E.**
CITY-ST-ZIP **TAMPA FL**

TITLE **T** ☐ DELETE

NAME **DELONG, BETTY**
STREET ADDRESS **P.O. DRAWER L N/A**
CITY-ST-ZIP **PLANT CITY FL 33566**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition

1.2 NAME **Lloyd DeFrance**
1.3 STREET ADDRESS **PO Box 191 N/A**
1.4 CITY-ST-ZIP **Tampa, FL 33601**

2.1 TITLE **PP** ☐ Change ☐ Addition

2.2 NAME **Gasbarro, Louis D.**
2.3 STREET ADDRESS **7531 Cumberland Road #17**
2.4 CITY-ST-ZIP **Largo, FL 34647-2003**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **Lloyd DeFrance**
3.3 STREET ADDRESS **PO Box 191 N/A**
3.4 CITY-ST-ZIP **Tampa, FL 33601**

4.1 TITLE **T** ☐ Change ☐ Addition

4.2 NAME **Schmidt, Norman**
4.3 STREET ADDRESS **9215 N. Florida Ave., #105**
4.4 CITY-ST-ZIP **Tampa, FL 33612**

5.1 TITLE **SED** ☐ Change ☐ Addition

5.2 NAME **Hinson Jr., Joe B**
5.3 STREET ADDRESS **1113 Dr. M.L. King Jr. Blvd.E.**
5.4 CITY-ST-ZIP **Tampa, FL 33603**

6.1 TITLE **Pres-Elect** ☐ Change ☐ Addition

6.2 NAME **DeLong, Betty**
6.3 STREET ADDRESS **PO Drawer L N/A**
6.4 CITY-ST-ZIP **Plant City, FL 33566**

14. I do 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 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, or on an attachment with an address.

SIGNATURE:

Joe B. Hinson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0079140**

CR2E037 (9/96)