

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 704515 (6)

1. Corporation Name

MINNIE AND JULIUS ANNIS FOUNDATION INC



Principal Place of Business

3118 MORRISON AVE  
TAMPA FL 33063-8003

Mailing Address

3118 MORRISON AVE  
TAMPA FL 33063-8003

3. Date Incorporated or Qualified  
09/12/1962

3a. Date of Last Report  
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-6139244

Applied For  
Not Applicable

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

ANNIS, LEONARD S.  
3118 MORRISON AVE.  
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

City TAMPA

FL

85 Zip Code

33609

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

Signature, by typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ANNIS, MORTON JR.  
2401 BAYSHORE BOULEVARD  
TAMPA FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ANNIS, JOHN  
4903 NEW PROVIDENCE AVE  
TAMPA FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD

ANNIS, LEONARD  
3118 MORRISON AVENUE  
TAMPA FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Robert L. Annis  
4510 FIG ST HA  
TAMPA FL 33609

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

500001893255  
-07/15/96--01014--050  
\*\*\*61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Annis

DATE

Daytime Phone #

813  
281-9500

CR2E037 (12/95)

0056263