

**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 (21) Suite, Apt. #, etc. **4510 FIG ST HA** (22) City & State **TAMPA FL** (23) Zip **33609** Country **USA** (24)  
2a. Mailing Address (26) Suite, Apt. #, etc. **4510 FIG ST HA** (27) City & State **TAMPA FL** (28) Zip **33609** Country **USA** (29, 30)

4. FEI Number: **59-6139244**  
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

9. Name and Address of Current Registered Agent  
**ANNIS, LEONARD S.  
3118 MORRISON AVE.  
TAMPA FL 33609**

10. Name and Address of New Registered Agent  
81 Name: **John Annis**  
82 Street Address (P.O. Box Number is Not Acceptable): **4510 FIG ST HA**  
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]* (NOTE: Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANNIS, MORTON JR.</b>	
STREET ADDRESS	<b>2401 BAYSHORE BOULEVARD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANNIS, JOHN</b>	
STREET ADDRESS	<b>4903 NEW PROVIDENCE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANNIS, LEONARD</b>	
STREET ADDRESS	<b>3118 MORRISON AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>Robert L. Annis</b>	
STREET ADDRESS	<b>4510 FIG ST HA</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4510 FIG ST</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL 33609</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>500001893255</b>
6.4 CITY-ST-ZIP	<b>-07/15/96--01014--050</b>
	<b>***61.25</b>

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)(k), 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: *[Signature]* **John P. Annis** Date: **7/1/96** Daytime Phone: **813 281-9500**

CR2E037 (12/95)