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Apr 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

DOCUMENT # 711069 (5)

1. Corporation Name

TAMPA BUILDERS' EXCHANGE, INC.

Principal Place of Business

605 SO FREMONT AVE
TAMPA FL 33606

Mailing Address

605 SO FREMONT AVE
TAMPA FL 33606-2401

3. Date Incorporated or Qualified
06/21/1966

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-0474893

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

23

City & State

City & State

24

25

Country

28

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, ELIER
4319 CULBREATH RD
VALRICO FL 33594

81 Name

DIAZ, ELIER

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

5353 W TYSON AVE

83

84 City

TAMPA

FL

85 Zip Code
33611

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]

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 ROBBINS, JAY
STREET ADDRESS 13001 NO NEBRASKA AVE
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME BERRY, BRYAN
STREET ADDRESS 1525 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME DIAZ, ELIER
STREET ADDRESS 4319 CULBREATH RD
CITY-ST-ZIP VALRICO FL

TITLE V ☐ DELETE

NAME HARDY, JIM
STREET ADDRESS 4210 EL PRADO BLVD
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME GUY, DANA
STREET ADDRESS 13215 N NEBRASKA AVE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME BROWN, MERLYN
STREET ADDRESS 14826 WINDING CREEK CT
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME DIAZ, DEL
1.3 STREET ADDRESS 1704 W GRACE ST
1.4 CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME BROWN, MERLYN
2.3 STREET ADDRESS 14826 WINDING CREEK CT
2.4 CITY-ST-ZIP TAMPA FL 33613

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME GUY, DANA
3.3 STREET ADDRESS 13215 N NEBRASKA AVE
3.4 CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE V (1ST) ☒ Change ☐ Addition

4.2 NAME HARDY, JIM
4.3 STREET ADDRESS 4210 EL PRADO BLVD
4.4 CITY-ST-ZIP TAMPA FL 33629

5.1 TITLE V (2ND) ☒ Change ☐ Addition

5.2 NAME DIAZ, ELIER
5.3 STREET ADDRESS 5353 W TYSON AVE
5.4 CITY-ST-ZIP TAMPA FL 33611

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME (SEE ATTACHED LIST)

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047331

(813) 253-5733

CR2E037 (9/96)