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Jan 21 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 # 713571 (8)

1. Corporation Name

THE FLORIDA ORCHESTRA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5670 W. CYPRESS ST.<br>SUITE C<br>TAMPA FL 33607 Moved see below | 5670 W. CYPRESS ST.<br>SUITE C<br>TAMPA FL 33607-1774 moved see below |

3. Date Incorporated or Qualified: 11/02/1967
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business
21 101 S.Hoover Blvd.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Tampa, Florida
Zip 24 33609 Country 25

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

4. FEI Number: 59-1223691 ☐ 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

9. Name and Address of Current Registered Agent

HOLM, KATHRYN
5670 W. CYPRESS ST.
SUITE C
TAMPA FL 33607

CHANGE OF ADDRESS

10. Name and Address of New Registered Agent

81 Name: HOLM Kathryn
82 Street Address (P.O. Box Number is Not Acceptable): 101 S.Hoover Blvd
83: Suite 100
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 _____ 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 | D | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | HOLM, KATHRYN | | 1.2 NAME | | |
| STREET ADDRESS | 5670 W. CYPRESS ST. SUITE C | | 1.3 STREET ADDRESS | 101 S.Hoover Blvd. Suite 100 | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | Tampa FL 33609 | |
| TITLE | COBD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DOYLE, DANIEL M | | 2.2 NAME | | |
| STREET ADDRESS | 11202 DANKA CIR. N. | | 2.3 STREET ADDRESS | 11201 Danka Circle N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 2.4 CITY-ST-ZIP | St.Petersburg FL.33716 | |
| TITLE | VCBD | ☐ DELETE | 3.1 TITLE | VPBD | ☒ Change ☐ Addition |
| NAME | HUNTER, WILLIAM L | | 3.2 NAME | STRENSKI James B | |
| STREET ADDRESS | 556 N. CLEARWATER.LARGO RD | | 3.3 STREET ADDRESS | 707 N. Franklin St. | |
| CITY-ST-ZIP | LARGO FL 34640 | | 3.4 CITY-ST-ZIP | Tampa FL. 33602 | |
| TITLE | P | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | WALLACE, WILLIAM P | | 4.2 NAME | | |
| STREET ADDRESS | 1338 MONTICELLO BLVD, N. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 4.4 CITY-ST-ZIP | ADD ZIP CODE 33703 | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BERTELSTEIN, GAYLE F | | 5.2 NAME | | |
| STREET ADDRESS | 5110 W. LONGFELLOW AVE. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CITY-ST-ZIP | ADD ZIP CODE 33629 | |
| TITLE | T | ☐ DELETE | 6.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | TOLLETTE, THOMAS A | | 6.2 NAME | Park Richard | |
| STREET ADDRESS | 201 N. FRANKLIN ST. #200 | | 6.3 STREET ADDRESS | 100 Second Avenue South | |
| CITY-ST-ZIP | TAMPA FL | | 6.4 CITY-ST-ZIP | St.Petersburg FL. 33710 | |

CR2E037 (9/96)

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:** Kathryn Holm RECEIVED JAN 21 1997 KATHRYN HOLM JAN 9 1997 813-286-8986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #