

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 29, 1999 8:00 am  
Secretary of State

07-29-1999 90016 041 \*\*\*\*61.25

DOCUMENT # 715004

1. Corporation Name

INSTRUMENT SOCIETY OF AMERICA TAMPA BAY SECTION,  
INC.

Principal Place of Business

Mailing Address

TAMPA BAY SECTION  
215 W. GRAND CENTRAL #517  
TAMPA FL 33616

TAMPA BAY SECTION  
215 W. GRAND CENTRAL #517  
TAMPA FL 33616



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/24/1968

4. FEI Number

59-2060205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

CUDDY, HOWARD K.  
215 W. GRAND CENTRAL #517  
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

Linda Collett

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

1330 RUSTLING OAKS DRIVE

83

84 City

BRANDON

FL

85 Zip Code  
33512

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

*Linda Collett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(813) 621-5661 x134

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENCE, KATHY	
STREET ADDRESS	13838 STONE MILL WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, ADRIAN	
STREET ADDRESS	9514 NORCHESTER CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLLETT, LINDA	
STREET ADDRESS	1330 RUSTLING OAKS DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUIRK, JOHN M	
STREET ADDRESS	520 W OAK DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUINN, PAUL JR.	
STREET ADDRESS	309 N HOWARD AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUDDY, HOWARD	
STREET ADDRESS	P.O. BOX 625 N/A	
CITY-ST-ZIP	SEFFNER FL 33584-0625	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIKE HUERECA	
1.3 STREET ADDRESS	5805-E BRACKEN RIDGE PKWY	
1.4 CITY-ST-ZIP	TAMPA FL 33610	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TERRI HERNDON	
2.3 STREET ADDRESS	3214 QUEEN PALM DRIVE	
2.4 CITY-ST-ZIP	TAMPA, FL 33519	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	COLLETT LINDA	
3.3 STREET ADDRESS	1330 RUSTLING OAKS DRIVE	
3.4 CITY-ST-ZIP	BRANDON, FL 33510	
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		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

*Paul Quinn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-99

Date

(813) 254-5211

Daytime Phone #

CR2E037 (5/99)