FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716185 (4)

1. Corporation Name

SEMINOLE POST NUMBER ONE HUNDRED ELEVEN (111) IN CORPORATED THE AMERICAN LEGION - DEPARTMENT OF F

Principal Place of Business	Mailing Address
6918 FLORIDA AVENUE TAMPA FL 33604	6918 FLORIDA AVENUE TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1969
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-0911046 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MILLER SR, THOMAS A.
1105 W IDLEWILD AVE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Thomas A. Miller Sr. — Signature and/or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	ALDERMAN, ROBERT A	1.2 NAME	RASH, HERBERT E.	
STREET ADDRESS	5501 N. SUWANEE AVE.	1.3 STREET ADDRESS	7108 N ROME AVE	
CITY ST ZIP	TAMPA FL	1.4 CITY ST ZIP	TAMPA FL	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	HATHAWAY, ROBERT R	2.2 NAME	ALDERMAN, ROBERT A	
STREET ADDRESS	7608 N. BLVD.	2.3 STREET ADDRESS	5501 N SUWANEE AVE	
CITY ST ZIP	TAMPA FL	2.4 CITY ST ZIP	TAMPA FLA	
TITLE	VD	3.1 TITLE	FEH	☒ Change ☐ Addition
NAME	RASH, HERBERT E.	3.2 NAME	KENYON, STEVE	
STREET ADDRESS	7108 N ROME AVENUE	3.3 STREET ADDRESS	8511 UPTE AVE	
CITY ST ZIP	TAMPA FL	3.4 CITY ST ZIP	TAMPA FLA	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLEY, ALLEN S	4.2 NAME		
STREET ADDRESS	6906 W. WILLOW AVENUE	4.3 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

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: Steve Kenyon STEVE KENYON — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 Date — 813-236 2281 Daytime Phone #

0053456