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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 717536 (7)

1. Corporation Name

TAMPA BOWLING ASSOCIATION, INC.

Principal Place of Business

7944 WOODGROVE CIRCLE
TAMPA FL 33615
US

Mailing Address

28403 OPENFIELD LOOP
WESLEY CHAPEL FL 33543



3. Date Incorporated or Qualified

10/07/1969

4. FEI Number

59-2377852

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 7944 Woodgrove Circle

27 City & State

28

Zip

33615

Country

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WOLF, GREG
7944 WOODGROVE CIRCLE
TAMPA FL 33615

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLOYD, LLOYD
STREET ADDRESS 10701 AL CAPONE RD
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE VP
NAME NEMETH, STEVE
STREET ADDRESS 11738 N OLA
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE TD
NAME GIRARD, RALPH
STREET ADDRESS 4909 OKARA RD.
CITY-ST-ZIP TAMPA FL 33612 ☐ DELETE

TITLE SD
NAME WOLF, GREG
STREET ADDRESS 7944 WOODGROVE CIRCLE
CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE

TITLE VP
NAME GARON, BOB
STREET ADDRESS 6642 WINDING OAK DR
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE VP
NAME SARGENT, DON
STREET ADDRESS 17313 SIMMONS
CITY-ST-ZIP LUTZ FL 33549 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME VP
6.3 STREET ADDRESS John Nicklin
6.4 CITY-ST-ZIP 12110 Lake Carroll Dr.
Tampa FL 33617

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.

SIGNATURE:

[Signature]

2-19-98

813-961-3390

CR2E037 (10/97)