NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 717536

Corporation Name

TAMPA BOWLING ASSOCIATION, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90236 011 ****61.25 03-01-1999 90236 011 ****61.25

Principal Place of Business Mailing Address									
7944 WOODGROVE CIRCLE 7944 WOODGROVE CIR								îl afajî (de)	
TAMPA FL 33615		TAMPA FL 33615) 		
US					F 190414 18671 (1914 contr array sitta er	il Hillit mitter	B B / B B B 4	11 21211 1201	
					j				
]							 		1
Principal Place of Business 2a. Mailing Address			02/7		3. Date Incorporated or Qualifed				
21		26 P.O. Box 208	167		10/07/1969				ļ
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			4. FEI Number			Hied For	l
22		_ 27			59-2377852		No	Applicable .	٠.
City & Stat	ha	City & State			E a di a santin Carland I]	\$8.75 A	dditional	
23		28 Tampa	F		5. Certificate of Status Desired [Fee Re	quired	
	Country	Zip	Countr	·	6. Election Campaign Financing		\$5.00	May Re	1
Zip	Coding	336.22_30	- '	, . 	Trust Fund Contribution	<u> </u>	Added t		-
24	9. Name and Address of Curren	- 20	1		10. Name and Address of New Reg	stered /	Agent		1
<u> </u>	S. Righte and Address of Correct	t Kadistalad Maint	81	Name					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ļ
WOLF, GREG			82	Street Add	dress (P.O. Box Number is Not Acceptable	b)			İ
7944 WOODGROVE CIRCLE			<u> </u>	<u> </u>	·				ł
TAMPA FI			83	3					ļ
]	2 000 /0		84	4 City			85 Zip (Gode	1
}				1 1		FL	1-1		
11 Dumund	to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes.	the abov	ve-named co	poration submits this statement for the pu	rpose of	changing its	registered	1
office of	registered agent, or both, in the State	of Florida. Such change was auth	orized by	the corpora	poration submits this statement for the pution's board of directors. I hereby accept to	ne appoin	itment as re	gistered	1
agent. I 8	om familiar with, and accept the obliga	tions of, Section 817.0503, Florida	i Ştrilie:	s.					1
SIGNATURE		_				DATE			⊶
	Signature, typed or printed name of registered ager		oletered Ape 13.	nut miðumprum undrig	ad when rematating) ADDITIONS/CHANGES TO OFFICE		D DIRECTO	RS IN 12	(11/98)
12.	,	D DIRECTORS			DO		Change	Addition	Ξ.
TITLE	PD	DELETE	1.1 TTLE				, u-	A	
NAME	FLOYD, LLOYD		1.2 NAME	6	Faron, Bob				8
STREET ADDRESS	10701 AL CAPONE RD	İ	1.3 STREE	et address &	642 Winding Out St.				
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-5	ST-ZIP	Tampe P/ 33624				CR2E037
TIPLE	VP	☐ DELETE	2.1 TITLE				Change	☐ Addition	'
NAME	NEMETH, STEVE	STEVE							1
1	1			ET ADDRESS					1
STREET ADDRESS	ł								
CITY-ST-ZIP	TAMPA FL		2.4 CTY-		קיף		Change	Addition	1
· mre	ή·πο	DELETE	3.1 MILE			TD			
NAME	Girard, ralph	-SAME PERS	32 NAME		RAOUL J. GIRARD,	O K			1
STREET ADDRESS	4909 OKARA RD.	- SAVIE PERS	3.STREE	ET ADDRESS	4909 OKARA ROAD				1
CITY-ST-ZIP	TAMPA FL 33612		3.4. CITY-	ST-ZIP	TAMPA, FL. 33612				1
mue ====	SD -	DELETE	4.1.TTLE:		THIRTY FOUND		Change	Addition	
li)	TT		4.2 NAME	.					1
NAME	WOLF, GREG			ET ADDRESS					1
STREET ADDRESS									
CITY-ST-ZIP	TAMPA FL 33615		4.4 CITY-				Change	Addition	1
TITLE	VP	DELETE	5.1 TITLE	V	P Bill Adkins	1	No. of Street, or other Persons and Street, o		ŀ
NAME	GARON, BOB	r	5.2 NAME						j
STREET ADDRESS	****	Ì	5.3 STREE	ET ADORESS 4	1510 Eust Bux Road				1
t '	TAMPA FL 33624		5.4 CTTY-	ST-209 (S. hsair Ton 1 3534				j
CITY-ST-ZIP		DELETE	6.1 TITLE		The second secon		Change	Addition	I
TITLE	VP		6.2 NAME	i					ļ
NAME	NICKLIN, JOHN			·					l
	19110 LAVE CADDOLL DD		■ 6 3 STRF#	ET ADDRESS					

TAMPA FL 33817

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 ceth; that I am an officer or director of the corporation or the receiver or trustes 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 ell other like empowered.

SIGNATURE:

TRADUS SEQUIRED
TRADUS TESTAL JA

1-21-99 813 249 4414 STEET