

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 718717 (2)

1. Corporation Name

THE TAMPA BAY BUGGY CLUB, INC.

Principal Place of Business

4656 - 76TH AVE. N
PINELLAS PARK FL 34665

Mailing Address

4656 - 76TH AVE. N.
PINELLAS PARK FL 33781-3522

FILED
May 15 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 33781

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 33781

3. Date Incorporated or Qualified
06/19/1970

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

AMERINE, TIM
2500 N 19TH ST.
ST. PETERSBURG FL 33713

81 Name Darel Nelson
82 Street Address (P.O. Box Number is Not Acceptable)
5132 106th St. NO.
83
84 City St. Petersburg FL 85 Zip Code 33708

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

Darel Nelson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AMERINE, TIM	
STREET ADDRESS	2500 N 19 ST	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, CHERYL	
STREET ADDRESS	9373 91ST TERRACE N.	
CITY-ST-ZIP	SEMINOLE FL 34647	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NASSE, JEFF	
STREET ADDRESS	6300 N 70 AVE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FIEGEL, ERICKA	
STREET ADDRESS	5534 N 76 AVE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NELSON, LAURIE	
STREET ADDRESS	3132 106TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	SA	<input type="checkbox"/> DELETE
NAME	NELSON, DAREL	
STREET ADDRESS	5132 106TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Darel Nelson	
1.3 STREET ADDRESS	5132 106th St. N.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33708	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TERRY Fiegel	
2.3 STREET ADDRESS	5534-76th Ave N.	
2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAP PERRY	
3.3 STREET ADDRESS	9373 91st TERRACE N.	
3.4 CITY-ST-ZIP	Seminole, FL 34647	
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	SA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bob Gressle	
6.3 STREET ADDRESS	7501-142nd Ave N #715	
6.4 CITY-ST-ZIP	Largo, FL 33771	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052121

CR2E037 (9/96)