## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

**FILED** 

Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** #

(9)

TAMPA MARINE INSTITUTE, INC.

14. I do hereby certify that the information supplies

Mailing Address Principal Place of Business 2015 GUY N VERGER BLVD. 2015 GUY N VERGER BLVD. TAMPA FL 33605 TAMPA FL 33605-6845 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1971 04/17/1996 4. FEI Numbe 2a. Mailing Address Applied For 2. Principal Place of Business 23-7155996 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country Zio 8. This corporation has liability for intangible tax under s. 199.032 Zip Country Yes No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HULL, DAVID J Street Address (P.O. Box Number is Not Acceptable) 82 **AUSLEY LAW FIRM** 83 227 SOUTH CALHOUN TALLAHASSEE FL 32302 Zip Code 84 City 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 radio of registered agent and bite it applicable (NOTE Registered Agent signature required wher reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OLLICERS AND DIRECTORS 13. 12. Change Addition DELETE 111110 TITLE TRUS 1.2 NAMI EDWARDS, JOSEPH D NAME P.O.BOX 3433 N/A 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33601** 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change 2.1101.6 TITLE LOUIS DAVID DE LA PARTE 2.2 NAME NAME P.O.BOX 2350 N/A 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** 2. 4 CHY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE LODATO, ANNETTE MS. NAME ONE 24TH AVE. 3.3 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 34635 3.4. CITY-ST-7IP CITY - ST - ZIP Addition Change DELETE 4.1 TITLE TITLE **ELLIOTT S. STEELE** 4. 2 NAME NAME 3100 E. FLETCHER AVE 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33602-3361 4.4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 THLE TITLE 5.2 NAME KELLY, STEPHEN D NAME STREET ADDRESS 2528 SUNSET DR 5.3 STREET ADDRESS **TAMPA FL 33629** 5.4 CITY - S1 - ZIF CITY-ST-ZIP DELETE \_\_ Change Add tion 6.1 TITLE TITLE TRUS WEAVER, ROBERT S. 6.2 NAME NAME 5915 BENJAMIN DR. 6.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33634** 6.4 CHY-S12 II CITY-ST-ZIP

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the sport lettue and accurate and that my signature shall have the same legal effect as if made under path; that empowered to execute this report as required by Chapter 617, Florida Statutes; and that my riame information indicated on this annual repor Lam an officer or director of the corpora appears in Block 12 or Block 13 if 1/15/07 (B)2) 88722W