

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731797 (7)
1. Corporation Name
TYRONE SQUARE MERCHANTS ASSOCIATION, INC



Principal Place of Business Mailing Address
INC **INC**
6901 22ND AVE N **6901 22ND AVE N**
ST. PETERSBURG FL 33710-3930 **ST. PETERSBURG FL 33710-3930**

3. Date Incorporated or Qualified **02/05/1975** 3a. Date of Last Report **06/12/1995**
4. FEI Number **59-1591415** 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

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

9. Name and Address of Current Registered Agent

SARGENT, LITA
6901 - 22ND AVE N
ST PETERSBURG FL 33710

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	JONES, DEBBIE	TYRONE SQUARE MALL	ST PETERSBURG, FL 00000	<input type="checkbox"/>
VP	LYNCH, TIM-	TYRONE SQUARE MALL	ST PETERSBURG, FL 00000	<input checked="" type="checkbox"/>
S	SARGENT, LITA	TYRONE SQUARE MALL	ST PETERSBURG, FL 00000	<input type="checkbox"/>
T	HIBBS, JERRY	TYRONE SQUARE MALL	ST PETERSBURG, FL 00000	<input type="checkbox"/>
D	DION, SUE	TYRONE SQUARE MALL	ST PETERSBURG, FL 00000	<input type="checkbox"/>
D	RILSBURY, KELLI	TYRONE SQUARE MALL	ST PETERSBURG, FL 00000	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	CLARK NASH	> SAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME <td>3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td> </td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td> </td></td>	3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td> </td>	3.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
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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:

Lita Sargent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LITA SARGENT

1/19/95

Date

813-345-0126

Daytime Phone #

CR2E037 (12/95)