

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED
Aug 20 1996 8:00 am
Secretary of State

DOCUMENT # 736149 (6)
1. Corporation Name
TAMPA BAY CENTER MERCHANTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3302 W. DR. MARTIN LUTHER KING JR. BLVD. **3302 W. DR. MARTIN LUTHER KING JR. BLVD.**
TAMPA FL 33607 **TAMPA FL 33607**

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 Country 29 Zip Country 30

3. Date Incorporated or Qualified **06/18/1976** 3a. Date of Last Report **08/03/1995**
4. FEI Number **59-1725645** 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

HOUCK, SUSAN
3302 W. DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33607

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	XX DELETE
NAME	MARTINSON, CHRIS	
STREET ADDRESS	3302 W. DR. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33067	
TITLE	VD	XX DELETE
NAME	AWAD, JAY	
STREET ADDRESS	3302 W. DR. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33067	
TITLE	STD	XX DELETE
NAME	HOOD, CHUCK	
STREET ADDRESS	3302 W. DR. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	XX Change <input type="checkbox"/> Addition
1.2 NAME	Kratt, Charlean	
1.3 STREET ADDRESS	3302 W. Dr. Martin Luther King Jr. Blvd.	
1.4 CITY-ST-ZIP	Tampa, FL 33607	
2.1 TITLE	VD	XX Change <input type="checkbox"/> Addition
2.2 NAME	Johnson, Erin	
2.3 STREET ADDRESS	3302 W. Dr. Martin Luther King Jr. Blvd.	
2.4 CITY-ST-ZIP	Tampa, FL 33607	
3.1 TITLE	ID	XX Change <input type="checkbox"/> Addition
3.2 NAME	Orrand, Charles	
3.3 STREET ADDRESS	3302 W. Dr. Martin Luther King Jr. Blvd.	
3.4 CITY-ST-ZIP	Tampa, FL 33607	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles Orrand

Date

813-879-6070

Daytime Phone #

0011739

CR2E037 (3/96)