

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 04 1997 8:00am
Secretary of State

DOCUMENT # 744000 (1)

1. Corporation Name

TAMPA MARITIME ASSOCIATION, INC.

Principal Place of Business

2379 GUY N. VERGER BLVD.
TAMPA FL 33605
US

Mailing Address

2379 GUY N. VERGER BLVD.
TAMPA FL 33605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1978

3a. Date of Last Report
07/23/1996

4. FEI Number

59-2250077

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2900 Guy N. Verger Blvd

Suite, Apt. #, etc.

2a. Mailing Address

28 2900 Guy N. Verger Blvd

Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33605

Country

25 Hello

Zip

29 33605

Country

30 Hello

9. Name and Address of Current Registered Agent

SCHMIDT, RUDOLF

2379 GUY N. VERGER BLVD.
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

Joseph J. Casella

82 Street Address (P.O. Box Number is Not Acceptable)

2900 Guy N. Verger Blvd.

83

84 City

Tampa,

FL

85 Zip Code

33605

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

8/21/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
CASELLA, J.
STREET ADDRESS 2379 GUY N. VERGER BLVD.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ DELETE

NAME VSTD
SCHMIDT, RUDOLF
STREET ADDRESS 2379 GUY N. VERGER BLVD.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ DELETE

NAME D
WILLIAMS, MARVIN
STREET ADDRESS 2379 GUY N. VERGER BLVD.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED

8/29/97

CP2E037 (4/97)