(Reinstatement)

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00 05-98

PROFIT CORPORATION ~~ANNUAL REPORT~~ **1998**

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

FILED
98 APR 29 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751848

1. Corporation Name
The Ladies Auxiliary of the Greater Tampa Showmen's Ass'n.

608 N. Willow Ave. Tampa, Fl 33606 — WQ8-7770
Principal Place of Business

Same
Mailing Address

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-1-48 AD

4. FEI Number: 59-0590097 ☐ 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 Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 Suite, Apt. # etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Lillian A. Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 12734 Wood Trail Blvd.
83 City: Tampa
84 ~~City~~ ****428 FE 85 ~~Zip Code~~ 33625

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Lillian A. Thomas, Sec.) Lillian A. Thomas 3/6/98
Signature, typed or printed name of individual and capacity or title. If applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE PD 1.2 NAME President 1.3 STREET ADDRESS Kimberly M. Patton 1.4 CITY-ST-ZIP 4510 W. Idlewild Ave. Tampa, Fl 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE VD 2.2 NAME 1st Vice Pres. 2.3 STREET ADDRESS Rosemary Rojas 2.4 CITY-ST-ZIP 10205 Sligh Ave. Tampa, Fl 33610	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE VD 3.2 NAME 2nd Vice Pres. 3.3 STREET ADDRESS Leila Weiss Nicolle 3.4 CITY-ST-ZIP 3607 Corona St. Tampa, Fl 33629	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE VD 4.2 NAME 3rd Vice Pres. 4.3 STREET ADDRESS Monica R. Wilson 4.4 CITY-ST-ZIP 8703 Imperial Ct. Tampa, Fl 33635	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE SD 5.2 NAME Secretary 5.3 STREET ADDRESS Lillian A. Thomas 5.4 CITY-ST-ZIP 12734 Wood Trail Blvd. Tampa, Fl 33625	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE TD 6.2 NAME Treasurer 6.3 STREET ADDRESS Melissa Kennedy 6.4 CITY-ST-ZIP 10548 Taylor Rd. Thonotosassa, Fl 33592	☑ Change ☐ Addition

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Lillian A. Thomas (Lillian A. Thomas) 3-26-98 (813) 969-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/97)