FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763129** **(4)**

1. Corporation Name
T.B.W.R.A., INC.

Principal Place of Business	Mailing Address
4502 24TH AVE. SOUTH TAMPA FL 33619	4502 24TH AVE. SOUTH TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1982
3a. Date of Last Report: 03/29/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLAZER, MARGARET S. 4502 24TH AVE. SOUTH TAMPA FL 33619	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☐ Change ☐ Addition
NAME	BLAZER, MARGARET S.	12 NAME	Rutledge, Belinda L.	X
STREET ADDRESS	4502 24TH AVE. SOUTH	13 STREET ADDRESS	7226 E. Emma Avenue	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL	
TITLE	VP	21 TITLE	VP	☐ Change ☐ Addition
NAME	LEWIS, MARIE	22 NAME	Blazer, Margaret S.	X
STREET ADDRESS	4830 FOX CREE DR E	23 STREET ADDRESS	4502 24TH Avenue South	
CITY-ST-ZIP	MULBERRY FL	24 CITY-ST-ZIP	Tampa, FL	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	RUTLEDGE, BELINDA	32 NAME	Same	
STREET ADDRESS	7226 E EMMA	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LEWIS, DARLENE	42 NAME		
STREET ADDRESS	8909 HONEYWELL RD	43 STREET ADDRESS	Same	
CITY-ST-ZIP	GIBSONTON FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BENSON, BETTY	52 NAME	Same	
STREET ADDRESS	6027 MEMORIAL HWY.	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	COOPER, NANCY	62 NAME	Same	
STREET ADDRESS	1221 N VALRICO RD LOT 29	63 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	64 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)(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: Margaret S. Blazer 4/5 April 12 1995 941-239-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064663