

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 # 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**

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	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

05/05/1982

3a. Date of Last Report

04/17/1995

4. FEI Number

NOT APPLICABLE

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

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 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	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLAZER, MARGARET S.	
STREET ADDRESS	4502 24TH AVE. SOUTH	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MARIE	
STREET ADDRESS	4830 FOX CREE DR E	
CITY - ST - ZIP	MULBERRY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUTLEDGE, BELINDA	
STREET ADDRESS	7226 E EMMA	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, DARLENE	
STREET ADDRESS	8909 HONEYWELL RD	
CITY - ST - ZIP	GIBSONTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, BETTY	
STREET ADDRESS	6027 MEMORIAL HWY.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, NANCY	
STREET ADDRESS	1221 N VALRICO RD LOT 29	
CITY - ST - ZIP	VALRICO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YEAGER, JUANITA	
1.3 STREET ADDRESS	13103 VERA CT.	
1.4 CITY - ST - ZIP	RIVERVIEW, FLORIDA 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLAZER, MARGARET	
2.3 STREET ADDRESS	4502 SOUTH 24TH. AVE.	
2.4 CITY - ST - ZIP	TAMPA, FLORIDA 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WICKER, JAN	
3.3 STREET ADDRESS	1814 N. 47TH ST.	
3.4 CITY - ST - ZIP	TAMPA, FLORIDA 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCGOWAN, JOAN	
4.3 STREET ADDRESS	2415 WEST LAKE DR.	
4.4 CITY - ST - ZIP	WIMAUMA, FLORIDA 33598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COOPER, NANCY	
5.3 STREET ADDRESS	11922 BAYTREE DR.	
5.4 CITY - ST - ZIP	RIVERVIEW, FLORIDA 33569	<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 an attachment with an address.

SIGNATURE: *Margaret S. Blazer* - MARGARET S. BLAZER 3-18-96 913-248-2579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)