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 -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766300 (8)

1. Corporation Name

LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC.

Principal Place of Business	Mailing Address
7530 NORTH BLVD. TAMPA FL 33604-4700	7530 NORTH BLVD. TAMPA FL 33604-4700

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1982

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2328289 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILSON, GREGORY B
7530 NORTH BLVD.
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name: C. ALEXANDER SALISBURY

82 Street Address (P.O. Box Number is Not Acceptable): 7530 NORTH BOULEVARD

83:

84 City: TAMPA FL 85 Zip Code: 33604-4756

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: C. ALEXANDER SALISBURY
Signature, typed or printed name of registered agent and 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	TV	1.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, VERNER C	1.2 NAME		
STREET ADDRESS	P O BOX 1348 NA	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	TC	2.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, CHRIS	2.2 NAME		
STREET ADDRESS	550 N. REO., STE 204	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	TS	3.1 TITLE	TS	☒ Change ☐ Addition
NAME	WHITING, GAIL	3.2 NAME	HEATHER CASWELL	
STREET ADDRESS	1305 BAYSHORE BLVD	3.3 STREET ADDRESS	601 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33606	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	OAK, ALAN	4.2 NAME		
STREET ADDRESS	P.O. BOX 111 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 added by attachment with an address.

SIGNATURE: 3-28-95 813-282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

6384477