

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:01

DOCUMENT # 768464 (0)

1. Corporation Name

TAMPA BAY ARMS COLLECTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% HORACE A. BOUNDS
P. O. BOX 41666
ST. PETERSBURG FL 33743-1666

% HORACE A. BOUNDS
P. O. BOX 41666
ST. PETERSBURG FL 33743-1666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/16/1983

01/20/1994

4. FEI Number

Applied For

59-2363666

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

☐ FILING FEE IS \$61.25

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

BOUNDS HORACE A
1219 RUSSELL DRIVE, NORTH
ST. PETERSBURG FL 33710-4547

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOLMES, NORMAN
STREET ADDRESS 7003 FORREST VIEW CT.
CITY - ST - ZIP TAMPA FL 33634

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE VD
NAME LYMAN, JOE
STREET ADDRESS 14449 OAKLEEN DR., N.
CITY - ST - ZIP LARGO FL 33710

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE STD
NAME BOUNDS, HORACE A
STREET ADDRESS 1219 RUSSELL DR., N.
CITY - ST - ZIP ST. PETERSBURG FL 33710

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME SCIRCA, DAVID MORE
STREET ADDRESS 8307 137TH STREET, N.
CITY - ST - ZIP SEMINOLE FL 34840

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE D
NAME SOBEL, JOE
STREET ADDRESS 4921 14TH STREET, N.
CITY - ST - ZIP ST. PETERSBURG FL 33709

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D
NAME LAUSTER, DONALD A
STREET ADDRESS 1280 WELLINGTON DR
CITY - ST - ZIP CLEARWATER FL 33548

61 TITLE
62 NAME
63 STREET ADDRESS
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 110.07(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:

Horace A. Bounds HORACE A. BOUNDS *STD* 6/24/95 813 0955823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number