

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 4-24-96

4401  
(0)

DOCUMENT # 768464

1. Corporation Name

TAMPA BAY ARMS COLLECTORS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified  
05/16/1983

3a. Date of Last Report  
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 reinstating)

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME LAUSTER, DONALD A  
STREET ADDRESS 1260 WELLINGTON DR  
CITY-ST-ZIP CLEARWATER FL 33546

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Horace A. Bounds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec/Treas 4/18/96 813-345-5823*  
Daytime Phone

CR2E037 (12/95)