

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Mar 03 1997 8:00am  
Secretary of StateDOCUMENT # **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 33743-16663. Date Incorporated or Qualified  
**05/16/1983**3a. Date of Last Report  
**04/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

**59-2363666**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☒ ADD ☐ DELETENAME  
HOLMES, NORMAN  
STREET ADDRESS  
7003 FORREST VIEW CT.  
CITY - ST - ZIP  
TAMPA FL 33634TITLE ☐ DELETENAME  
LYMAN, JOE  
STREET ADDRESS  
14449 OAKGLEN DR., N.  
CITY - ST - ZIP  
LARGO FL 33710TITLE ☒ ADD ☐ DELETENAME  
BOUNDS, HORACE A  
STREET ADDRESS  
1219 RUSSELL DR., N.  
CITY - ST - ZIP  
ST. PETERSBURG FL 33710TITLE ☐ DELETENAME  
LAUSTER, DONALD A  
STREET ADDRESS  
1260 WELLINGTON DR  
CITY - ST - ZIP  
CLEARWATER FL 33546TITLE ☐ DELETENAME  
P  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **9/T-D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P

SCHEUERMAN, SCOTT W.  
1640 NEVA DROVE  
LARGO FL 34640

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051486

CR2E037 (9/96)