

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90011 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

**1998**

DOCUMENT # **F21272** (2)  
1. Corporation Name  
**TAM-BAY REFERRALS, INC.**

Principal Place of Business

Mailing Address

**4901 W CYPRESS STREET  
TAMPA FL 33607**

**4901 W CYPRESS STREET  
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/26/1981**

4. FEI Number

**59-2063979**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 **4253 W Kennedy Blvd**

2a. Mailing Address

26 **4253 W Kennedy Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Tampa, FL**

27 City & State

28 **Tampa, FL**

24 Zip

24 **33609**

Country

25 **Hillsborough**

29 Zip

29 **33609**

Country

30 **Hillsborough**

9. Name and Address of Current Registered Agent

**ARGERIOUS, JOHN L. JR.  
4901 W. CYPRESS ST  
TAMPA FL 33607**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**4253 W Kennedy Blvd**

83

84 City  
**Tampa**

FL

85 Zip Code  
**33609**

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

**John L. Argerious, Jr.**

**President**

**4/28/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **ARGERIOUS, JOHN L. JR.**  
CITY-ST-ZIP **4901 W. CYPRESS ST  
TAMPA FL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **ARGERIOUS, CYNTHIA L.**  
CITY-ST-ZIP **4901 W. CYPRESS ST  
TAMPA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **4253 W Kennedy Blvd**  
1.4 CITY-ST-ZIP **Tampa, FL 33609**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **4253 W Kennedy Blvd**  
2.4 CITY-ST-ZIP **Tampa, FL 33609**

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 **4/28/99 (813) 289-2727**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, 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

**John L. Argerious, Jr. President 4/30/98 813/289-2727**

CR2E034 (10/97)