

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Secretary of State BUREAU OF CORPORATIONS		APPROVED AND FILED 05 MAY -1 AM 10:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA																											
DOCUMENT # F30947		(8)																													
TAMPA SCIENTIFIC ASSOCIATION, INC.																															
Principal Place of Business 96B COLUMBIA DR DAVIS ISLANDS TAMPA FL 33606		Mailing Address 96B COLUMBIA DR DAVIS ISLANDS TAMPA FL 33606		DO NOT WRITE IN THIS SPACE																											
2. Principal Officer (See Instructions)		2a. Mailing Address		3. Date Incorporation Registered 04/16/1981																											
21.		26.		3a. Date of Last Report 08/11/1994																											
22.		27.		4. FEI Number 59-2108912																											
23.		28.		5. Certificate of Status Received ☐ \$8.75 Additional Fee Required																											
24.		29.		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																											
				8. This corporation has liability for corporate tax under its federal tax filing election ☒ Yes ☐ No																											
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent																												
CRISTOL, KATHERINE 96B COLUMBIA DRIVE, DAVIS ISLAND TAMPA FL 33606			81. Name: 82. Street Address (P.O. Box Acceptable): 83. 84. City: FL 85. Zip Code																												
11. I, undersigned, being duly sworn, depose and say that I am the Secretary of the above named corporation, and that I have caused the foregoing statement to be prepared by me or by some other person authorized by this corporation to do so, and that it contains a true and correct statement of the facts as shown to me by the books and records of the corporation, and that I am a resident of the State of Florida.																															
SIGNATURE _____ DATE _____																															
12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGE(S) TO OFFICERS AND DIRECTORS ONLY																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NAME</td> <td style="width: 90%;">PD SOKOL, GERALD H 96B COLUMBIA DR TAMPA FL</td> </tr> <tr> <td>NAME</td> <td>VD CRISTOL, KATHERINE 96B COLUMBIA DR TAMPA FL</td> </tr> <tr> <td>NAME</td> <td>STD NORINS, ROBERT A 96B COLUMBIA DR TAMPA FL</td> </tr> </table>			NAME	PD SOKOL, GERALD H 96B COLUMBIA DR TAMPA FL	NAME	VD CRISTOL, KATHERINE 96B COLUMBIA DR TAMPA FL	NAME	STD NORINS, ROBERT A 96B COLUMBIA DR TAMPA FL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NAME</td> <td style="width: 90%;">Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> <tr> <td>NAME</td> <td>Change ☐ Add ☐</td> </tr> </table>			NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐	NAME	Change ☐ Add ☐
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14. I, the undersigned, hereby certify that the information given in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.																															
SIGNATURE: <i>Margaret Gorawski Sokol</i> 4/26/95 #12-268,920F																															