

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000003032 (0)

1. Corporation Name

HOME SHOPPING CLUB OUTLET OF WEST TAMPA, INC.

Principal Place of Business

**2501 118TH AVENUE, NORTH
ST. PETERSBURG FL 33716
US**

Mailing Address

**P.O. BOX 8080
CLEARWATER FL 34618-8080**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:40

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3186856

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REARDON, J. MICHAEL
STREET ADDRESS	2501 118TH AVENUE NO
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DST
NAME	MCKEON, KEVIN J.
STREET ADDRESS	2501 118TH AVENUE NO
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	V
NAME	MINNEN, BRADLEY
STREET ADDRESS	2501 118TH AVENUE NO
CITY-ST-ZIP	ST PETERSBURG FL 33716
TITLE	AS
NAME	WATERS, ELIZABETH A
STREET ADDRESS	2501 118TH AVENUE NO
CITY-ST-ZIP	ST PETERSBURG FL 33716
TITLE	AT
NAME	RILEY, R. JOSEPH
STREET ADDRESS	2501 118TH AVENUE NO
CITY-ST-ZIP	ST PETERSBURG FL 33716
TITLE	AT
NAME	LYON, RICHARD
STREET ADDRESS	2501 118TH AVENUE NO
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Peter M. Kern
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	

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 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

Elizabeth A. Waters, Asst. Sec.

3/24/95

(813) 572-8585

Date

Typed Name