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

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95 JUL -3 AM 9:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # G33556 (3)

1. Corporation Name

TREASURE ISLAND EQUIPMENT CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 12400 CAPRI CIRCLE, NORTH<br>221 SECOND AVENUE NORTH<br>TREASURE ISLAND FL 33706<br>US | POST OFFICE BOX 40665<br>221 SECOND AVENUE NORTH<br>ST. PETERSBURG FL 33743<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1983

3a. Date of Last Report: 07/05/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2284429 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 County — 25

Zip — 29 County — 30

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

9. Name and Address of Current Registered Agent

COYLE, LAUREL A.
12400 CAPRI CIRCLE NORTH
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name: Capital Connection, Inc.

82 Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia St.

83: Suite

84 City: Tallahasse FL 85 Zip Code: 32301

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: Barbara Tully President for Capital Connection, Inc. 7/3/95

Signature required of registered agent and title if applicable (NOTE: Registered Agent signature required when new agent is filing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | COYLE, R. TERRENCE | 12 NAME | |
| STREET ADDRESS | 12400 CARRI CIRCLE NO | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND FL | 14 CITY-ST-ZIP | |
| TITLE | DST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WEBB, ERNEST W. | 22 NAME | 400001531134 |
| STREET ADDRESS | 12404 CARRI CIRCLE NO | 23 STREET ADDRESS | -07/06/95--01072--013 |
| CITY-ST-ZIP | TREASURE ISLAND FL | 24 CITY-ST-ZIP | ****225.00 ****225.00 |
| TITLE | PSTD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | COYLE, LAUREL A. | 32 NAME | |
| STREET ADDRESS | 12400 CAPRI CIRCLE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | JWS $ 7/3/95 | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Terrence Coyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

031281A CP