

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H17514** (1)

1. Corporation Name

TAMPA BAY DECORATING COMPANY, INC.



Principal Place of Business

**12771 N. DALE MABRY HWY
TAMPA FL 33618
US**

Mailing Address

**12771 N. DALE MABRY HWY
TAMPA FL 33618
US**

3. Date Incorporated or Qualified
08/21/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **5901 SUN BLVD**

2a. Mailing Address
26 **5901 SUN BLVD**

4. FEI Number
59-2439939

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **106A**

Suite, Apt. #, etc.
27 **106A**

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

City & State
23 **St Petersburg FL**

City & State
28 **St Petersburg FL**

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

Zip
24 **33715** Country
25 **FL**

Zip
29 **33715** Country
30 **FL**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOKES, EVELYN
8052 ELBOW LANE NORTH
ST PETERSBURG FL 33710**

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 of the person named as registered agent in this filing (if applicable)

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **STOKES, RUSSELL M.**
CITY-STATE-ZIP **7862 NIAGRA AVENUE
TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **STOKES, EVELYN**
CITY-STATE-ZIP **8052 ELBOW LANE NORTH
ST. PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **STOKES, THOMAS A.**
CITY-STATE-ZIP **8052 ELBOW LANE NORTH
ST PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **STOKES, DAVID T.**
CITY-STATE-ZIP **1740 BRADSHAW LANE NORTH
ST PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Russell M. Stokes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

813-988-2447
Date of Filing Phone #

CR2E034 (12/95)