

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H99904**

(5)

1. Corporation Name

**TAMPA PRODUCTS COMPANY**



Principal Place of Business

% ERIC M. NEWMAN  
2701-16TH STREET  
TAMPA FL 33605

Mailing Address

% ERIC M. NEWMAN  
2701-16TH STREET  
TAMPA FL 33605

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 30

3. Date Incorporated or Qualified  
**02/18/1986**

3a. Date of Last Report  
**03/20/1995**

4. FEI Number

**59-2770802**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWMAN, ERIC M.  
2701-16TH STREET  
TAMPA FL 33605

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 of officer or director or registered agent or authorized agent

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	NAME	NEWMAN, STANFORD J.	STREET ADDRESS	3102 BEACH DR.	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	PD	NAME	NEWMAN, ERIC M.	STREET ADDRESS	401 ROYAL POINCIANA	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	NEWMAN, ROBERT C.	STREET ADDRESS	2901 JULIA #D	CITY-STATE-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	ST	NAME	PURVIS, ROBERT	STREET ADDRESS	514 69TH	CITY-STATE-ZIP	HOLMES BEACH FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4232 MARINA CT
4.4 CITY-STATE-ZIP	CORTEZ, FL 34215
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 original attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/22/96 8132482124

CR2E034 (12/95)