

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

3. Date Incorporated or Qualified: **02/18/1986**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-2770802**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

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
85 Zip Code **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE: CD	NAME: NEWMAN, STANFORD J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3102 BEACH DR.	CITY-STATE-ZIP: TAMPA FL	1.2 NAME	
TITLE: PD	NAME: NEWMAN, ERIC M.	1.3 STREET ADDRESS	
STREET ADDRESS: 401 ROYAL POINCIANA	CITY-STATE-ZIP: TAMPA FL	1.4 CITY-STATE-ZIP	
TITLE: VD	NAME: NEWMAN, ROBERT C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2901 JULIA #D	CITY-STATE-ZIP: TAMPA FL	2.2 NAME	
TITLE: ST	NAME: PURVIS, ROBERT	2.3 STREET ADDRESS	
STREET ADDRESS: 514 69TH HOLMES BEACH FL	CITY-STATE-ZIP: TAMPA FL	2.4 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	4232 MARINA CT
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	CORTEZ, FL 34215
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	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: _____ DATE: **1/22/96** 8132482124

CR2E034 (12/95)