

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 # J35195 (3)

1. Corporation Name

C.T.A. ENTERPRISES OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

12270 74TH AVE N  
SEMINOLE FL 34642  
US

12270 74TH AV N  
SEMINOLE FL 34642  
US

3. Date Incorporated or Qualified  
09/20/1986

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 102 Preserve Rd

26 102 Preserve Rd

4. FEI Number

59-2740783

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

81. Name

SHOOKNER, JUNE R.  
12270 74TH AVE NORTH  
SEMINOLE FL 34642

PAT PERZEL, CPA  
PAT PERZEL, CPA  
PERZEL & LARA, P.A., CPA'S  
3711 TAMPA ROAD, SUITE 103  
OLDSMAR, FLORIDA 34677

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above  
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

PAT Perzel

Signature, typed or printed name of registered agent and their applicator.

Signature, typed or printed name of registered agent and their applicator.

2/28/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SHOOKNER, ROBERT C.  
STREET ADDRESS 12270 74TH AVE NORT  
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE DST  
NAME SHOOKNER, JUNE R.  
STREET ADDRESS 12270 74TH AVE NORTH  
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Shookner, Robert C.  
1.3 STREET ADDRESS 102 Preserve Rd  
1.4 CITY-ST-ZIP Murphy, NC 28906

☒ Change ☐ Addition

Address

2.1 TITLE DST  
2.2 NAME Shookner, June R.  
2.3 STREET ADDRESS 102 Preserve Rd  
2.4 CITY-ST-ZIP Murphy, NC 28906

☒ Change ☐ Addition

Address

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

JUNE R SHOOKNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

813-525-5896

Daytime Phone

CR2E034 (12/95)