

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
55 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K00293** (6)

1. Corporation Name
COLEMAN BROTHERS OF TAMPA, INC.

Principal Place of Business: **P.O. BOX 133 WIMAUMA FL 33598-0133**
Mailing Address: **P.O. BOX 133 WIMAUMA FL 33598-0133**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/30/1987**
3a. Date of Last Report Applied For: **05/01/1994**

4. FEI Number: **59-2850383**
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. The corporation has liability for intangible tax under § 199.039 Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPORICE, NELSON
1506 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33610**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **VP**
NAME: **COLEMAND, HARRY**
STREET ADDRESS: **P.O. BOX 133 N/A**
CITY - ST - ZIP: **WIMAUMA FL**

TITLE: **S**
NAME: **COLEMAN, DAVID C.**
STREET ADDRESS: **2105 E. GENESSEE STREET**
CITY - ST - ZIP: **TAMPA FL**

TITLE: **T**
NAME: **BELL, ELLA**
STREET ADDRESS: **P.O. BOX 133 N/A**
CITY - ST - ZIP: **WIMAUMA FL**

TITLE: **PRESIDENT**
NAME: **D. C. COLEMAN**
STREET ADDRESS: **P. O. BOX 133**
CITY - ST - ZIP: **WIMAUMA, FL**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

11 TITLE: Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY - ST - ZIP: _____

21 TITLE: Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY - ST - ZIP: _____

31 TITLE: Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY - ST - ZIP: _____

41 TITLE: Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY - ST - ZIP: _____

51 TITLE: Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY - ST - ZIP: _____

61 TITLE: Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
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 110.07(3)(b), 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: D. C. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/95

(813)247-2060

Date

Telephone Number