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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:46

DOCUMENT # K42945 (1)

1. Corporation Name
F AND G CO. OF TAMPA, INC.

Principal Place of Business	Mailing Address
315 E. MADISON ST., STE. 610 (33602) P.O. BOX 2948 TAMPA FL 33601	315 E. MADISON ST., STE. 610 (33602) P.O. BOX 2948 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1988
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21 3333 West Kennedy Blvd	26 3333 West Kennedy Blvd
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27 207
City & State 23 Tampa, Fl	City & State 28 Tampa, Fl
Zip 24 33609 Country 25	Zip 29 33609 Country 30

4. FEI Number: 59-2747995 ☐ 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

SPEIGELFELD, ALLEN VON
501 EAST KENNEDY BOULEVARD
SUITE 1800
TAMPA FL 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	PUNDSACK, ROBERT N.	1.2 NAME	
STREET ADDRESS	670 GENEVA PLACE	1.3 STREET ADDRESS	3333 WEST Kennedy Blvd #207
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, Fl 33609
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	MOORE, JOHN THOMAS	2.2 NAME	
STREET ADDRESS	8301 HIXON RD.	2.3 STREET ADDRESS	3333 WEST Kennedy Blvd #207
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Fl 33609
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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: John F Moore 2/27/95 (813) 348-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302976 CP