

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 # **L36906** (0)

1. Corporation Name
SWF TAMPA NORTH DEVELOPMENT CORP.



Principal Place of Business

**100 FEDERAL ST.
01-34-02
BOSTON MA 02110
US**

Mailing Address

**C/O STEVE HUDSON
100 FEDERAL HIGHWAY
BOSTON MA 02110
US**

3. Date Incorporated or Qualified
12/18/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **100 Federal Street**

Suite, Apt. #, etc.

22 **01-19-03**

City & State

23 **Boston, MA**

Zip

24 **02110**

Country

25 **USA**

2a. Mailing Address

26 **100 Federal Street**

Suite, Apt. #, etc.

27 **01-19-03**

City & State

28 **Boston, MA**

Zip

29 **02110**

Country

30 **USA**

4. FEI Number

04-3077985

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DUCKETT, DENNIS J**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

TITLE **VD** ☐ DELETE
NAME **WESTPHAL, MARVIN A**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

TITLE **DV** ☒ DELETE
NAME **OUELLETTE, DANIEL R.**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

TITLE **T** ☐ DELETE
NAME **NORMAN, AMY L**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

TITLE **S** ☒ DELETE
NAME **MCGEACHIE, EMMA C**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

TITLE **AS** ☒ DELETE
NAME **HUDSON, STEVEN P**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP/D** ☐ Change ☒ Addition
1.2 NAME **Alice M. Guiney**
1.3 STREET ADDRESS **100 Federal Street**
1.4 CITY-ST-ZIP **Boston, MA 02110**

2.1 TITLE **AT** ☐ Change ☒ Addition
2.2 NAME **Robert J. Hartmann**
2.3 STREET ADDRESS **100 Federal Street**
2.4 CITY-ST-ZIP **Boston, MA 02110**

3.1 TITLE **Clerk** ☒ Change ☐ Addition
3.2 NAME **Steven P. Hudson**
3.3 STREET ADDRESS **100 Federal Street**
3.4 CITY-ST-ZIP **Boston, MA 02110**

4.1 TITLE **Asst. Clerk** ☐ Change ☒ Addition
4.2 NAME **E. Faye Ballou**
4.3 STREET ADDRESS **100 Federal Street**
4.4 CITY-ST-ZIP **Boston, MA 02110**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Steven P. Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996

Date

617-434-5688

Daytime Phone #

CR2E034 (12/95)