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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996DOCUMENT #

L40307

(5)

1. Corporation Name
40TH STREET, INC.

1501 2ND AVE. TAMPA FL 33605-5005	1501 2ND AVE. TAMPA FL 33805-5005	
Principal Place of Business	Mailing Address	

|--|--|

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

3. Date Incorporated or Qualified 01/05/1990

2.	Principal Plac	e of Business	2a. Mailing Address				4. FET Number 59-2990439		pplied For lot Applicable	
21	Suite, Apt. #.	etc.	Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional		
22	0011011141111		27						·	
23	City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added	May Be I to Fees	
1	Zφ	Country	Zip	Count	Lintry		8. This corporation has liability for intangible Florida Statutes Yes XNo	tax under s	rs 199.032,	
24		25	29	30			Florida Statutes Yes No. 10. Name and Address of New Registere	d Agent		
		Name and Address of Current Registered Agent					10. Name Bild Address of New Trogistics			
				ľ	- 1	Nanie				
		, JOSEPH M		8	82 Street Address (P.O. Box Number is Not Acceptable)					
		AVENUE EAST		-	83					
	tampa fi	L 33605		*	13					
				8	4	Счу	F	85 Zır	Code	
									anistered office	
	or registere familiar with	id agent, or both, in the State of Flori n, and accept the obligations of, Sec	tion 607.0505, Florida Statute	es.			ration submits this statement for the purpose of ordinal directors. Thereby accept the appointment	as registered	agent. I am	
٥	IGNATURE	Signature, types or printed name of registered ages	t d saturation production		g-ml	signature to pare	ADDITIONS/CHANGES TO OFFICERS A	NO DIBLOTO	RS IN 12	
1	2.		D DIRECTORS	13.		r	ADDITIONS GNANGES TO OTHORITIE A	Change	Addition	
TI	TLE	PD	DELETE		1. 1 THILE			[] * 12.13*		
N	AME	BAKER, CHARLES, A, JR		1.2 NAA						
S	TREET ADDRESS	1501 2ND AVE E				ADDRESS				
C	ΙΤΥ - ST - ZIP	TAMPA FL		14 CITY		· 7IP		Change	Addition	
Ţ	TLE	VD	☐ DELETE	2 1111				change	٠	
N	AME	O'BRIEN, MICHAEL D. 256 3RD ST			2.2 NAME 2.3 STREET ADDRESS					
S	TREET ADDRESS									
C	11Y-ST-7IP	NIAGARA FALLS NY	LIAMS, JOSEPH, M			I-ZP		Change	☐ Addition	
1	ITLE	V			3 1 TITLE 3 2 NAME			onange		
N	IAME									
S	TREE! ADDRESS	1501 2ND AVE E		33 \$1	3 STREET ADDRESS					
Ç	DITY-S1-ZIP	TAMPA FL		3 4 CII		I - ZIP	TDOMD.	TX Change	Addition	
7	ITLE	VPST	K] DELETE	4 1 1:1	l F		VPSTD	Las Change		
N	IAME	SIMON, JOHN V. J		4 2 NA	ME		Simon John V., Jr. 1501 Second Avenue, East			
5	STREET ADDRESS	1501 2ND AVE E		4.3 \$TE	REED	14.01.0.00				
C	DITY - ST- ZIP	TAMPA FL		4 4 CH		1 - Z(P	Tampa, FL 33605		Addition	
	ITLE		DETETE	5 110	l (F			Charige	LI MODITION	
١,	KAME			5 2 NA	ME	i				
5	STREET ADDRESS			53 ST	HŁĘ!	ADDRESS				
	DITY ST-7IP			5 4 CI	Y - S	1 ZIP		Character	Addition	
	DILE		DELF IE	6.13	ILE			Change	☐ wanmout	
1	NAME			6.2 NA	ΜĒ					
1	STHEET ADDRESS			6381	RFEI	ADDRESS				
1	G. In C. L. ADDITION			6.4 Ci	TY - 5	ST - 21P				

14. To 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 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 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 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 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 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 under under certify that the information indicated on this annual report or true and accurate and that my signature shall have the same legal effect as if under the certific that the information indicated on this annual report of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/96 (813) 248-3878

CR2E034 (12/95