

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M64085** (7)

1. Corporation Name

THONOTOSASSA CHAMBER OF COMMERCE, INC.

Principal Place of Business

11907 FT KING HWY
P.O. BOX 157
THONOTOSASSA FL 33592

Mailing Address

11907 FT KING HWY
P.O. BOX 157
THONOTOSASSA FL 33592

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/08/1988

3a. Date of Last Report
04/06/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WHEELER, MARGARET M.
12407 KELSO ROAD
THONOTOSASSA FL 33592**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**
NAME **WOLTMAN, MARY**
STREET ADDRESS **121 FOUNTAIN ST.**
CITY - ST - ZIP **THONOTOSASSA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE **P**
NAME **MATSON, CHARLES**
STREET ADDRESS **10319 MAIN ST A-6**
CITY - ST - ZIP **THONOTOSASSA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE **D**
NAME **MAS, RENIE**
STREET ADDRESS **121 FOUNTAIN ST**
CITY - ST - ZIP **THONOTOSASSA FL**

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

Change Addition

TITLE **T**
NAME **WHEELER, MARGARET M**
STREET ADDRESS **12407 KELSO BLVD.**
CITY - ST - ZIP **THONOTOSASSA FL 33592**

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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:

Mary Wolman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret M. Wheeler
DATE

(813) 988-2778
0441998 FF