## 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

1996

M64085

DOCUMENT #

1. Corporation Name

THONOTOSASSA CHAMBER OF COMMERCE, INC.

APPROVED AND

96 OCT 25 AM 9: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Mace	of Business	Mailing Address							
11907 FT KING HWY P.O. BOX 157 THONOTOSASSA FL 33592		11907 FT KING HWY P.O. BOX 157 THONOTOSASSA FL 33592							
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995				
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number APPLICABLE	L		Applied For	
21		26			NOT APPLICABLE			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional			5 Additional	
22		27			G. Commedie of States Desired	LJ 	Fee	Required	
City & State		City & State			6. Election Campaign Financing		\$5.0	0 May Be	
23		28			Added to Fees				
Zip	<b>⊢</b> ′						ation has liability for Intangible tax under s 199.032,		
24	1	25 29 30				Florida Statutes Yes 1700			
	g. Name and Address of Curren	t Hegistered Agent		81	Name	10. Name and Address of New He	gistered A	gent	
WHEE	LER. MARGARET M.			"					
	KELSO ROAD			82	Street Address (P.O. Box Number is Not Acceptable)				
INON	OTOSASSA FL 33592			83					
				84	City		FL	85 Z	ip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abo	ve-n	amed corpora	ation submits this statement for the purp		ging its	registered office
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 procept the poligations of, Segrion 607.0505, Florida Statutes.									
SIGNATURE	Signature wheel or printed name of registered agent	and title if applicable: (NO	TE: Registered	IY Agent	I signature required	when reinstating)	DATE .	J	· <b>/</b>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTO	ORS IN 12
TITLE	CVP	☐ DELETE	1. 1 Ti	1 TITLE				Change	☐ Addition
NAME (	WOLTMAN, MARY			1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP		8000019877184 -10/29/9601008010			
STREET ADDRESS	121 FOUNTAIN ST.								
CITY-ST-ZIP	THONOTOSASSA FL		1.4 C/I			****22	25.00	***	×225.00
TITLE	P T DELETE		2 1 TI	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP				Change	
NAME	MATSON, CHARLES	23							
STREET ADDRESS	10319 MAIN ST A-6								
CITY-ST-ZIP	THONOTOSASSA FL								
TITLE	D	DELETE	3 1 TI	3 1 TITLE 3 2 NAME			[]	Change	Addition
NAME	MAS, RENIE		3 2 NA						
STREET ADDRESS	121 FOUNTAIN ST		3 3. \$1	TREET	ADDRESS				
CITY-ST-ZIP	THONOTOSASSA FL		3 4 Ci	TY-\$1	(- <b>Z</b> IP				
TITLE	WHIPPI CO. 1440041077	☐ DELETE	4 1 T	TLE			, Ç	Change	☐ Addition
NAME	WHEELER, MARGARET M		4 2 N.4	AME		- M	12 P		
STREET ADDRESS	12407 KELSO BLVD.	_	4.3 ST	4.3 STREET ADDRESS		ZK (	10 ls.		·
CITY-ST-ZIP	THONOTOSSASSA FL 3359	2	4.4 Ci	TY-Si	r- <b>z</b> iP	V	•		
TITLE		☐ DELETE	5 1 T	ITLE				Change	Addition
NAME			5 2 NA	AME					
REET ADDRESS	REET ADDRESS 5		5351	REET	ADDRESS	Recoived in time			
CITY-ST-ZIP			5.4 CF	CITY-ST-ZIP		Received in time Change Addition			
TITLE		☐ DELETE	6 1 T					Change	■ Addition
NAME			62 NA	AME		100 2015			
STREET ADDRESS		6:		3 STREET ADDRESS		B. 10/2			
OUTL OF THE				TV C		7			

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged, or of an attachment with an address.

**SIGNATURE:** 

MANGANIAM. Whas /al 8 -15-94

October 22, 1996

Thonotosassa Chamber of Commerce, Inc. P.O. Box 157
Thonotosassa, Florida 33592

Florida Dept. of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314 Attn: Sean Toner

Dear Mr. Toner,

Per our conversation this date I am returning our filing #M64085. We mailed this in the middle of August which should have been in time for you to receive it before the deadline. It is my understanding that you will re-instate our corporate status upon receipt of this letter.

Thanks for your assistance.

Sincerely yours,

Charles Matson, President