

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMEND

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M89452

1. Corporation Name

Rowe Nissan, INC.

Principal Place of Business

108 Melrose Ct.
Ponte Vedra, FL 32082

Mailing Address

108 Melrose Ct
Ponte Vedra, FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-11-1988

4. FEI Number

62-1357427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

Rowe, William S.
108 Melrose Ct
Ponte Vedra, FL 32082

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME Rowe, William S.
STREET ADDRESS 108 Melrose Ct
CITY-ST-ZIP Ponte Vedra, FL 32082

TITLE ☐ DELETE

NAME Gabriel W. Rowe
STREET ADDRESS 851 Wesleyan Blvd
CITY-ST-ZIP Rocky Mount, N.C. 27801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

6-11-99

Date

904 273-0349

Daytime Phone #

CR2E034 (1/98)

FILE NOW: FILING FEE IS \$61.25

AMENDED

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

JUN 14 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25548

1. Corporation Name

THE TAMPA BAY BANKRUPTCY BAR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 2405
PO BOX 1531
TAMPA, FL 33601
USPO BOX 707
TAMPA, FL 33601 US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORAN, MICHAEL P.
100 N TAMPA ST
SUITE 1900
TAMPA, FL 33602 US

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLAIN, RUSSELL M.	
STREET ADDRESS	110 E. MADISON ST #200	
CITY-STATE-ZIP	TAMPA, FL 33602	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, DENNIS J.	
STREET ADDRESS	215 W. VERNE STREET, SUITE D	
CITY-STATE-ZIP	TAMPA, FL 33606	

2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HORAN, MICHAEL P.	
STREET ADDRESS	100 N. TAMPA STREET, SUITE 1900	
CITY-STATE-ZIP	TAMPA, FL 33602	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EMMANUEL, JOHN D.	
4.3 STREET ADDRESS	501 E. KENNEDY BLVD., STE 1700	
4.4 CITY-STATE-ZIP	TAMPA, FL 33602	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KISTLER, SARA L.	
5.3 STREET ADDRESS	501 E. POLK ST, SUITE 1200	
5.4 CITY-STATE-ZIP	TAMPA, FL 33602	

TITLE		<input type="checkbox"/> DELETE
NAME	**SEE ATTACHMENT FOR MORE ADDITIONS**	
STREET ADDRESS		
CITY-STATE-ZIP		

6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FORIZS, ZALA L.	
6.3 STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 147	
6.4 CITY-STATE-ZIP	TAMPA, FL 33609	

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN D. EMMANUEL

6/14/99

813-222-1162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORP 37 141081

6/14/99