

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PH 9:19

DOCUMENT # M97092 (4)

1. Corporation Name

TAMPA BAY INTERLINE CLUB, INC.

Principal Place of Business

P. O. BOX 23641
TAMPA FL 33623

Mailing Address

P. O. BOX 23641
TAMPA FL 33623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1988

3a. Date of Last Report

06/02/1994

4. FEI Number

NOT APPLICABLE

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

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULLOCK, PAMELA
6810 APPALOOSA DR
TAMPA FL 33625

KAIS

81 Name

KAISER MELANIE M

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

3147 DOWNING ST

83

84 City

CLEARWATER

FL

85 Zip

34619

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

Melanie Kaiser

4-6-95

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

P

NAME

BULLOCK, PAMELA

STREET ADDRESS

6810 APPALOOSA DR

CITY - ST - ZIP

TAMPA FL

1.1 TITLE

P

1.2 NAME

KAISER MELANIE M

1.3 STREET ADDRESS

3147 DOWNING ST

1.4 CITY - ST - ZIP

CLEARWATER, FL 34619

TITLE

TEVP

NAME

SAINZ, SHARON

STREET ADDRESS

3224 FOXLAKE DR

CITY - ST - ZIP

TAMPA FL

2.1 TITLE

VP

2.2 NAME

CRESCEZZI/LEESA

2.3 STREET ADDRESS

7213 N. CHURCH ST

2.4 CITY - ST - ZIP

TAMPA, FL 33614

TITLE

VD

NAME

GORDON, CAROLE

STREET ADDRESS

2212 E. IDLEWILD AVE

CITY - ST - ZIP

TAMPA FL

3.1 TITLE

SECRETARY

3.2 NAME

BELL/PRINCESS

3.3 STREET ADDRESS

3710 CASS #21

3.4 CITY - ST - ZIP

TAMPA FL 33609

TITLE

D

NAME

SHOEMAKER, JEFF

STREET ADDRESS

13916 BASIN ST

CITY - ST - ZIP

WESLEY CHAPEL FL

4.1 TITLE

DIR. OF MEMBERSHIP

4.2 NAME

LEE/DAM

4.3 STREET ADDRESS

6819 SWAIN AVE

4.4 CITY - ST - ZIP

TAMPA, FL 33625

TITLE

D

NAME

INVANDINO, REGINA

STREET ADDRESS

1884 PRINCETON DR

CITY - ST - ZIP

CLEARWATER FL

5.1 TITLE

SAME

5.2 NAME

SAME

5.3 STREET ADDRESS

SAME

5.4 CITY - ST - ZIP

SAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

DIR. OF PUBLISHING

6.2 NAME

LENNOX, JIM

6.3 STREET ADDRESS

8704 TAHITI LANE

6.4 CITY - ST - ZIP

TAMPA, FL 33615

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.

SIGNATURE:

Melanie Kaiser

MELANIE M KAISER

813-797-6991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95