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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

GULF COAST SIR SPEEDY OWNERS ASSOCIATION, INC.

Mailing Address % JAMES R BARRON

FILED

Apr 14 1997 8:00am

Secretary of State

Principal Place of Business % JAMES R BARRON 7230 49TH ST N 7230 49TH ST N PINELLAS PARK FL 33781-4444 PINELLAS PARK FL 34665 3a. Date of Last Report 3. Date Incorporated or Qualified 11/13/1984 04/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 4 Breeze R Chaves, Jeeas. 59-2474590 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Jacksonst 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intengible tax under s. 199.032, Country Žφ Country USP 🕻 Yes 🔲 No Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARRON, JAMES R 82 7230 49TH ST N 83 PINELLAS PARK FL 34665 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this state tent for the purpose of changing its registered office or polistered agent, for 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 617.0508, Florida Statutes. <u>Ourers</u> **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE **POWERS, JERRY** 1.2 NAME NAME 259 CENTRAL AVE STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TV TELETÉ Addition Change 2.1 TITLE eddman TITLE 34050 US 19N BARRON, JAMES NAME 7230 49TH ST N 2.3 STREET ADDRESS STREET ADDRESS Harbur, FL PINELLAS PARK FL 2.4 CITY- S1- ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE **GRAVES, BARRIE** 3.2 NAME NAME 501 E JACKSON ST 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE Emoly s. combee Pd KRANENDUNK, JAMES 4. 2 NAME NAME 5609 E HILLSBOROUGH AVE STREET ADDRESS 4.3 STREET ADDRESS Jd, PL 33801 TAMPA FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE **5.1 TITLE** TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I do 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 eath; 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 13 if changed, or on an attachment with an address.