FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # N08772 (8)

1. Corporation Name

TAMPA/HILLSBOROUGH CONVENTION & VISITORS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
111 MADISON ST., STE 1010 (336024706) PO BOX 519 TAMPA FL 33602	111 MADISON ST., STE 1010 (336024706) PO BOX 519 TAMPA FL 33602

3. Date Incorporated or Qualified: 04/18/1985
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2529118 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAKAS, JOHN W JR.
100 N TAMPA ST
S2900
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STORK, THOM	1.2 NAME	STORK, THOM F.	
STREET ADDRESS	3000 E BUSCH BLVD	1.3 STREET ADDRESS	2510 HIGH OAKS LANE	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	RUSSO, RICHARD P.	2.2 NAME		
STREET ADDRESS	223 LITHIA PINECREAST ROAD	2.3 STREET ADDRESS	160 COLUMBIA DRIVE #507	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	GILMORE, RICK L.	3.2 NAME	SHARP, ROBERT R.	
STREET ADDRESS	334 S HYDE PARK AVE	3.3 STREET ADDRESS	18710 PEPPER PIKE	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	TAYLOR, EMMA	4.2 NAME	HARRIS, RICHARD M.	
STREET ADDRESS	U.S. HIGHWAY 301	4.3 STREET ADDRESS	16613 HUTCHINSON RD.	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Thom F. Stork 1/19/95 (813) 223-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014001