

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N11889 (5)**

1. Corporation Name

**TAMPA BREAKFAST SERTOMA CLUB, INC.**

Principal Place of Business

Mailing Address

**101 E KENNEDY BVD 4000  
TAMPA FL 33602-5191****POST OFFICE BOX 2658  
TAMPA FL 33601-2658  
US**3. Date Incorporated or Qualified  
**11/04/1985**3a. Date of Last Report  
**03/21/1996**

2. Principal Place of Business

2a. Mailing Address

**21 400 N Ashley Drive****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 2650****27**

City &amp; State

City &amp; State

**23 Tampa FL****28**

Zip

Country

Zip

Country

**24 33602****25****29****30**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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REMMERS, DEAN  
C/O TECO ENERGY, INC.  
702 N. FRANKLIN ST.  
TAMPA FL 33602**

81 Name

**Frank D. Lagor**

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

**c/o Wheeler, Herman, Harvey & Lagor, PA**

83

**400 N. Ashley Drive, Suite 2650**

84 City

**Tampa****FL**

85

Zip Code

**33602**

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

*Frank D. Lagor***FRANK D. LAGOR - TREASURER****2/13/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHUMATE, TAMARA	
STREET ADDRESS	500 NORTH WESTSHORE #750	
CITY-ST-ZIP	TAMPA FL	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, JAMES D.	
STREET ADDRESS	211 BANNICKBURN NE	
CITY-ST-ZIP	TEMPLE TERRACE FL	

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REMMERS, DEAN	
STREET ADDRESS	702 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frank D. Lagor	
3.3 STREET ADDRESS	400 N. Ashley Drive, Suite 2650	
3.4 CITY-ST-ZIP	Tampa FL 33602	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEASON, DEBBIE	
STREET ADDRESS	5102 E LONGBOAT BLVD	
CITY-ST-ZIP	TAMPA FL	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barbara Sinsley	
4.3 STREET ADDRESS	701 W. Bay Street	
4.4 CITY-ST-ZIP	Tampa FL 33606	

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

5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Al Brunette	
5.3 STREET ADDRESS	c/o TECO, 702 N. Franklin Street	
5.4 CITY-ST-ZIP	Tampa FL 33602	

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

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

*Frank D. Lagor***REQUIRED**

Frank D. Lagor

813-223-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046835

CR2E037 (9/96)