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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13109 (6)

1. Corporation Name

ORANGE BLOSSOM OPEN, INC.



Principal Place of Business

Mailing Address

2176 A CORINNE CT. S.
ST. PETERSBURG FL 33712
USORANGE BLOSSOM CLASSIC
P. O. BOX 238
ST. PETERSBURG FL 33731-0238
US3. Date Incorporated or Qualified
01/22/19863a. Date of Last Report
02/07/1996

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

ERMATINGER, BILL
2176 A CORINNE CT. SO.
ST PETERBURG FL 33712

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE
NAME STRICKLAND, JAMES
STREET ADDRESS 225 2ND AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D P
NICHOLAS J. MONTI
4801 58TH AVE N
ST PETE Bch, FL 33714
☐ Change ☒ AdditionTITLE TD ☐ DELETE
NAME ULRICH, RICHARD G.
STREET ADDRESS 140-15TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE DP ☐ DELETE
NAME NELSON, ROBERT S
STREET ADDRESS 2060 5TH AVE N
CITY-ST-ZIP ST PETERBURG FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D VP
ADDRESS SAME
☒ Change ☐ AdditionTITLE VP ☒ DELETE
NAME DOUGLASS, ROBERT A.
STREET ADDRESS 8351 BLIND PASS ROAD
CITY-ST-ZIP ST. PETE BEACH FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE DS ☐ DELETE
NAME WARE, RICHARD M
STREET ADDRESS P.O. BOX 13488 N/A
CITY-ST-ZIP ST. PETERSBURG FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Richard G. Ulrich
TREASURER

1/20/97

813 821 6161

Date

Daytime Phone # 0051252

CR2E037 (9/96)