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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:19

DOCUMENT # N17127 (4)

1. Corporation Name
THE YBOR CITY ROUND TABLE, INC.

Principal Place of Business	Mailing Address
PO BOX 75774 TAMPA FL 33675-0774	PO BOX 75774 TAMPA FL 33675-0774

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1986
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2997601 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 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
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

9. Name and Address of Current Registered Agent

LETO, SAM D.
6402 GANT RD
TAMPA FL 33625

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 Sam D. Leto 2/22/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LETO, SAM D	1.2 NAME	DAVID Robert SANCHEZ	
STREET ADDRESS	6402 GANT RD.	1.3 STREET ADDRESS	314 Riverpoint Dr	
CITY-ST-ZIP	TAMPA FL 33625	1.4 CITY-ST-ZIP	TAMPA FL. 33619	
TITLE	VD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	LESTER, STEVE R JR.	2.2 NAME	DON CAMMARATTA	
STREET ADDRESS	2904 DOUGLAS ST.	2.3 STREET ADDRESS	3414 14th Street	
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	TAMPA FL. 33605	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	YORKS, DONNA J	3.2 NAME	SAME	
STREET ADDRESS	5911 BIRCHWOOD DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	RAMOS, ANNA	4.2 NAME	SAME	
STREET ADDRESS	2503 N GLEN AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	CSD	5.1 TITLE	CSD	☒ Change ☐ Addition
NAME	SANCHEZ, DEE	5.2 NAME	Lauen Spoto	
STREET ADDRESS	314 RIVERPOINT DR.	5.3 STREET ADDRESS	110 ALEMEDA Ct. Apt. 132	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CIACCIO, EVA	6.2 NAME	Anthony Cuicio	
STREET ADDRESS	3115 CHERRY ST.	6.3 STREET ADDRESS	3306 Cordelia St.	
CITY-ST-ZIP	TAMPA FL 33607	6.4 CITY-ST-ZIP	TAMPA FL 33607	

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)(k), 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: Donna J. Yorks DONNA J. YORKS 813 968-3413
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTION Date Daytime Phone #

0055036