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FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N18738** (7)

1. Corporation Name

**TBSA, INCORPORATED**

Principal Place of Business

% **DAVID A. EATON**  
**7301 NINTH STREET NORTH**  
**ST. PETERSBURG FL 33702**

Mailing Address

% **DAVID A. EATON**  
**7301 NINTH STREET NORTH**  
**ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified

**01/14/1987**

4. FEI Number

**59-2757990**

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EATON, DAVID A.**  
**ANCHOR SAVINGS BANK BLDG.**  
**7301 NINTH STREET NORTH**  
**ST. PETERSBURG FL 33702**

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

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **JAGEL, GEORGE E**  
CITY-ST-ZIP **8631 15TH LANE NORTH**  
**ST. PETERSBURG, FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **EATON, DAVID A**  
CITY-ST-ZIP **7301 NINTH STREET NORTH**  
**ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **DV**  
STREET ADDRESS **PENA, LINDA DORSO**  
CITY-ST-ZIP **11707 MOFFAT AVE**  
**TAMPA FL**

TITLE ☐ DELETE

NAME **DST**  
STREET ADDRESS **JAGEL, DONNA F**  
CITY-ST-ZIP **8631 15 LANE NORTH**  
**ST PETERSBURG FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**RECEIVED**

**JAN 7 1998**

**David A. Eaton, P.A.**

14. I 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:

*David A. Eaton*

*4/29/98*

(813) 521-2211

CR2E037 (10/97)