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 27 PM 3:11

DOCUMENT # N22515 (3)

1. Corporation Name
TAMPA BAY AMERICAN PIT BULL TERRIER CLUB, INC.

Principal Place of Business	Mailing Address
~~DEBRA CHAMBURS~~ ~~3204 PROPERTY LANE~~ ~~VALRICO FL 33594~~ ~~US~~	P.O. BOX 2294 BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1987
3a. Date of Last Report: 09/06/1994
4. FEI Number: 59-3015096 ☐ 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 ~~MARION STRONG~~	26 P.O. Box 2294
22 Suite, Apt. #, etc. 5106 SW 45th BLVD	27 Suite, Apt. #, etc. 5106 S W 45 BLVD.
23 City & State BUSHNELL	28 City & State BUSHNELL
24 Zip 33513 25 Country SUMTER	29 Zip 33513 30 Country SUMTER

9. Name and Address of Current Registered Agent
~~CHAMBURS, DEBRA L~~
~~3204 PROPERTY LANE~~
~~VALRICO FL 33594~~

10. Name and Address of New Registered Agent
81 Name: MARION STRONG
82 Street Address (P.O. Box Number is Not Acceptable): P.O Box 699 5106 SW 45 BLVD.
83
84 City: BUSHNELL FL 85 Zip Code: 33513

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: Marion Strong
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE D	☒ Change ☐ Addition
NAME	COLLINS, TERESA ~~NICK VALDEZ~~	12 NAME	NICK VALDEZ
STREET ADDRESS	RT. 2, BOX 1855 ~~6211 CAMERON AV~~	13 STREET ADDRESS	6211 CAMERON AVE.
CITY-ST-ZIP	BRAINBRIDGE GA 31717 ~~TAMPA, FL. 33614~~	14 CITY-ST-ZIP	TAMPA, FL. 33614
TITLE D	D	21 TITLE D	☒ Change ☐ Addition
NAME	MILLER, WILLIAM ~~William Miller~~	22 NAME	MACK TUTTLE
STREET ADDRESS	3307 W. TRAPNELL RD. ~~3103 MURRAY FARM LP~~	23 STREET ADDRESS	13331 CHAMBOARD
CITY-ST-ZIP	PLANT CITY FL ~~PLANT CITY, FL. 33567~~	24 CITY-ST-ZIP	BROOKSVILLE, FL. 34613
TITLE T	TD	31 TITLE T	☐ Change ☐ Addition
NAME	CHAMBURS, DEBRA	32 NAME	
STREET ADDRESS	3204 PROPERTY LANE	33 STREET ADDRESS	SAME
CITY-ST-ZIP	VALRICO FL 33594	34 CITY-ST-ZIP	
TITLE S	S	41 TITLE	☐ Change ☐ Addition
NAME	RADO, KEVIN	42 NAME	
STREET ADDRESS	704 CHILDERS LOOP	43 STREET ADDRESS	SAME
CITY-ST-ZIP	BRANDON FL 33511	44 CITY-ST-ZIP	
TITLE V	V	51 TITLE V	☒ Change ☐ Addition
NAME	COLLINS, WILLIAM	52 NAME	JIM DOOLEY
STREET ADDRESS	RT. 2 BOX 1855	53 STREET ADDRESS	14021 E 97th AVE Apt. A
CITY-ST-ZIP	BRAINBRIDGE GA 31717	54 CITY-ST-ZIP	TAMPA, FL. 33612
TITLE P	P	61 TITLE P	☐ Change ☐ Addition
NAME	STRONG, MARION	62 NAME	STRONG, MARION
STREET ADDRESS	P.O. BOX 699, CR 317B EXTENDED	63 STREET ADDRESS	P.O Box 699 5106 S.W. 45th BLVD.
CITY-ST-ZIP	BUSHNELL FL 33513	64 CITY-ST-ZIP	BUSHNELL, FL. 33513

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: MARION STRONG Marion Strong 1-13-95 904/793-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0063100