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2-7-95 B-968

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB -7 PM 4:12

DOCUMENT # N25123 (3)

1. Corporation Name
TRI-CITY AMBUCS, INC.

Principal Place of Business	Mailing Address
8146 BAYSHORE DR. SEMINOLE FL 34646	8146 BAYSHORE DR. SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1988
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2914176 ☐ 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
21 581 S. DUNCAN AVE	26 581 S. DUNCAN AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CLEARWATER, FL	28 City & State: CLEARWATER, FL
24 Zip: 34616 25 Country: PINELLAS	29 Zip: 34616 30 Country: PINELLAS

9. Name and Address of Current Registered Agent

KAUPLA, EDWARD
8146 BAYSHORE DR.
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name: Robert R. Rogers
82 Street Address (P.O. Box Number is Not Acceptable): 581 South DUNCAN Ave
83
84 City: CLEARWATER FL 85 Zip Code: 34616

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: Robert R. Rogers 2/1/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ZAMMITO, LOUIS	1.2 NAME	"SAME"
STREET ADDRESS	1201 SEMINOLE BLVD. #568	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PARRI, RAYMOND L.	2.2 NAME	"SAME"
STREET ADDRESS	10327 BAY HILLS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	SCHOEPPNER, FRED	3.2 NAME	FRED KODES
STREET ADDRESS	2149 WATERSIDE DR	3.3 STREET ADDRESS	5201 37th AVE No
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	DT	4.1 TITLE	[illegible] ☒ Change ☐ Addition
NAME	KAUPLA, EDWARD	4.2 NAME	ROBERT R. ROGERS → TREASURER
STREET ADDRESS	8146 BAYSHORE DR.	4.3 STREET ADDRESS	581 SOUTH DUNCAN AVENUE
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 34616
TITLE	PD	5.1 TITLE	→ JIM GREINER ☒ Change ☐ Addition
NAME	BOUNES, PAT	5.2 NAME	→ PRESIDENT/DIRECTOR
STREET ADDRESS	6928 122 DR N	5.3 STREET ADDRESS	3113 INDIANA TERRACE
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	CLEARWATER, FL 34620
TITLE	SD	6.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	DAHLQUIST, WILLIAM	6.2 NAME	
STREET ADDRESS	3907 AMERICANA, DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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: Robert R. Rogers Robert R. Rogers 2/1/95 (813) 446-1706
SIGNATURE AND TYPED OR PRINTED NAME OF PLANNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007830