

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25548 (1)

1. Corporation Name

THE TAMPA BAY BANKRUPTCY BAR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HARLEY E RIEDEL
P O BOX 1531
TAMPA FL 33601
US

C/O HARLEY E RIEDEL
P O BOX 1531
TAMPA FL 33601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1988	3a. Date of Last Report 04/01/1994
4. FEI Number 59-2891164	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 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

9. Name and Address of Current Registered Agent

RIEDEL, HARLEY E
110 MADISON ST
STE 200
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Colton, Roberta A.
82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd.
83 Suite Suite 2700
84 City Tampa
85 Zip Code FL 33602

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

Roberta A. Colton

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MIMMS, THOMAS B JR 111 E MADISON ST #2300 TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CD Waller, Edward M., Jr. 501 E. Kennedy Blvd., Ste. 1700 Tampa, Florida 33602 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLER, EDWARD M. JR 501 E KENNEDY BVD #100 TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	PD Riedel, Harley E. 110 Madison St., Ste. 200 Tampa, Florida 33602 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MEININGAR, STEPHEN L 4919 MEMORIAL HWY, STE 205 TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD Zuch, Sharyn Beth 501 E. Kennedy Blvd., Ste. 1400 Tampa, Florida 33602 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLTON, ROBERTA A 101 E KENNEDY BLVD, STE 2700 TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD Horan, Michael P. 100 N. Tampa St., Ste. 1900 Tampa, Florida 33602 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RIEDEL, HARLEY E 110 MADISON ST, STE 200 TAMPA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	VD Colton, Roberta A. 101 E. Kennedy Blvd., Ste. 2700 Tampa, Florida 33602 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 standard, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harley E Riedel

4/11/95

(813) 200-0000