

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90096 009 ****61.25

DOCUMENT # N29484

1. Corporation Name

TAMPA PHAROHS, INC.

Principal Place of Business

C/O GEORGE ALLEN DUFOUR, ESQ.
4610 CENTRAL AVENUE
TAMPA FL 33603

Mailing Address

C/O GEORGE ALLEN DUFOUR, ESQ.
4610 CENTRAL AVENUE
TAMPA FL 33603



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/30/1988

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2956609

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFOUR, GEORGE ALLEN ESQ.
4610 CENTRAL AVENUE
TAMPA FL 33603

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **WILDHAGEN, NORRIS L**
STREET ADDRESS **6201 43RD TERR. N.**
CITY-ST-ZIP **KENNETH CITY FL 33709**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD ☐ Change ☒ Addition

MUELLER, Charles

5710 River Terrace Dr.

Tampa, FL 33604

TITLE **VD** ☒ DELETE

NAME **GEORGE, THOMAS**
STREET ADDRESS **2870 26TH AVE N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD ☐ Change ☒ Addition

WILLIAMS, Robert

11311 North 22nd Street # 223

Tampa, FL 33612

TITLE **SD** ☐ DELETE

NAME **DOLLMAN, GREGORY**
STREET ADDRESS **3224 OAKELLAR ST.**
CITY-ST-ZIP **TAMPA FL 33611**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD** ☒ DELETE

NAME **PHAUP, CHARLES**
STREET ADDRESS **4521 WEST DALE AVENUE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition

HARCOURT, Harry

722 - 61st Avenue, South

St. Petersburg, FL 33705

TITLE **DD** ☒ DELETE

NAME **HARCOURT, HARRY**
STREET ADDRESS **2870 26TH AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DD ☐ Change ☒ Addition

HAWS, Jim R.

4722 Laurel Road

Tampa, FL 33629

TITLE ☐ DELETE

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 **813 8375776**
Date Daytime Phone #

CR2E037 (1/198)