

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30394 (3)

1. Corporation Name

34TH STREET BUSINESS AND COMMUNITY DEVELOPMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3407 E. DR. M.L. KING, JR. BLVD.
% ROBERT L. COLE, SR.
TAMPA FL 33610
US

3407 E. DR. M.L. KING, JR. BLVD.
% ROBERT L. COLE, SR.
TAMPA FL 33610
US

3. Date Incorporated or Qualified
01/27/1989

3a. Date of Last Report
08/25/1995

4. FEI Number
59-3021115

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

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 3505 N. 34 St.

26 3505 N. 34 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tampa FL

28 Tampa, FL

Zip

Zip

Country

Country

24 33605

25 USA

29 33605

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, ROBERT L. S
3407 E. M.L. KING, JR. BLVD.
TAMPA FL 33610

81 Name Vivian O. Heyward
82 Street Address (P.O. Box Number is Not Acceptable)
3505 N 34th Street
83
84 City Tampa FL 85 Zip Code 33605

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 *Vivian O. Heyward*
Signature, typed or printed name of registered agent and title if applicable

Vivian O. Heyward
(NOTE: Registered Agent signature required when reinstating)

June 14, 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME LEE, ALBERT, JR.
STREET ADDRESS 1933 E HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ DELETE
NAME COLE, ROBERT L SR.
STREET ADDRESS 3407 E DR MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME KAGLER, EARL W
STREET ADDRESS 1933 E HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

TITLE SD ☒ DELETE
NAME JOHNSON, DARLENE
STREET ADDRESS 1920 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE
NAME WIGGINS, BETTY P
STREET ADDRESS 3708 E. MCBERRY STREET
CITY-ST-ZIP TAMPA FL

TITLE TD ☒ DELETE
NAME CAMPBELL, TITUS
STREET ADDRESS 4609 N 34TH STREET
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP ☒ Change ☐ Addition
1.2 NAME Vivian O. Heyward
1.3 STREET ADDRESS 3505 N. 34 Street
1.4 CITY-ST-ZIP Tampa, FL 33605

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Dennis Barco
2.3 STREET ADDRESS 2608 34th Street
2.4 CITY-ST-ZIP Tampa, FL 33605

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME Carolyn Caraway
4.3 STREET ADDRESS 4605 N 34 Street
4.4 CITY-ST-ZIP Tampa FL 33605

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE TD ☒ Change ☐ Addition
6.2 NAME Robert B. Morrison
6.3 STREET ADDRESS 3401 E. Louisiana Ave
6.4 CITY-ST-ZIP Tampa, FL 33610

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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Vivian O. Heyward* *Vivian O. Heyward* 6-14-96 (813) 237-0699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)