

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32913 (8)
1. Corporation Name
TBJVC, INC.



Principal Place of Business

**333 FAULKENBURG N
A-128
TAMPA FL 33619
US**

Mailing Address

**333 FAULKENBURG N
A-128
TAMPA FL 33619
US**

3. Date Incorporated or Qualified
06/21/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 2812 PRICE AVE
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

4. FEI Number
59-2998480

Applied For
Not Applicable

22
City & State
TAMPA FLORIDA

27
City & State
3 SAME

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23
Zip
33611 Country
25 USA

28
Zip
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAGOSTINO, RAMON RANDY
1302 HOLIDAY DR
BRANDON FL 33510**

81 Name **DAGOSTINO, RAMON RANDY**
82 Street Address (P.O. Box Number is Not Acceptable)
2812 PRICE AVE
83
84 City **TAMPA** **FL** **85** Zip Code **33611**

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 **D** ☐ DELETE
NAME **DAGOSTINO, RAMON RANDY**
STREET ADDRESS **1913 RED BRIDGE DR**
CITY-ST-ZIP **BRANDON FL**

1.1 TITLE **TREASURER** ☐ Change ☒ Addition
1.2 NAME **EDMUND O'CARROLL**
1.3 STREET ADDRESS **1304 E. LAMBRIGHT**
1.4 CITY-ST-ZIP **TAMPA FL 33604**

TITLE **D** ☒ DELETE
NAME **MULLIS, ANNE S.**
STREET ADDRESS **2923 LAWN AVE.**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **O'CARROLL, MELANEY**
STREET ADDRESS **2603 BELLE CHASE CIR**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **MELANEY O'CARROLL**
3.3 STREET ADDRESS **1304 E LAMBRIGHT**
3.4 CITY-ST-ZIP **TAMPA FL 33604**

TITLE **S** ☐ DELETE
NAME **DAGOSTINO, LAURI**
STREET ADDRESS **1913 REDBRIDGE DRIVE**
CITY-ST-ZIP **BRANDON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: **Lauri Dagostino** SECRETARY/ADMINISTRATIVE DIR. **5-1-96** **813 837 8115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)