

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N36621** (3)  
1. Corporation Name  
**OLD-TIMERS OF TARPON SPRINGS, INC.**

95 MAR -9 AM 9:04

Principal Place of Business Mailing Address  
**35 KRAEMER AVE TARPON SPRINGS FL 34689** **35 KRAEMER AVE TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		28		02/13/1990	04/19/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3028471	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$0.75 Additional Fee Required
23		29		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
BEROLZHEIMER, HENRY A. 35 KRAEMER AVE TARPON SPRINGS FL 34689				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEROLZHEIMER, HENRY A. 35 KRAEMER AVE TARPON SPRINGS FL 34689				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			85 Zip Code
			FL				

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, THOMAS	1.2 NAME	Karaphillis, George
STREET ADDRESS	329 PINEAPPLE ST.	1.3 STREET ADDRESS	315 Pineapple St
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Tarpon Springs FL 34689
TITLE	D	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUSE, ROBERT P.	2.2 NAME	Herman Burruss (N/A)
STREET ADDRESS	1722 MARINER WAY	2.3 STREET ADDRESS	P O Box 997
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs FL 34688
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEROLZHEIMER, HENRY	3.2 NAME	
STREET ADDRESS	35 KRAEMER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	34689
TITLE	PD	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, WILLIAM	4.2 NAME	Clement, William
STREET ADDRESS	1151 LANCER LANE	4.3 STREET ADDRESS	1151 Lancer lane
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	Tarpon Springs FL 34689
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, L L	5.2 NAME	Gallagher, John
STREET ADDRESS	610 RIVERSIDE DR	5.3 STREET ADDRESS	417 Spring Blvd. S.
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	Tarpon Springs fl 34689
TITLE	ODT	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPSALIS, GEORGE	6.2 NAME	Kapsalis, George
STREET ADDRESS	119 SPRING BLVD S	6.3 STREET ADDRESS	P O Box 463
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	Tarpon Springs FL 34688

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry Berolzheimer Henry Berolzheimer FEB 17 1995 6139 37-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Filing Thereof