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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business: **35 KRAEMER AVE TARPON SPRINGS FL 34689**
Mailing Address: **35 KRAEMER AVE TARPON SPRINGS FL 34689-2420**



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **02/13/1990**
3a. Date of Last Report: **02/21/1996**
4. FEI Number: **59-3028471**
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

9. Name and Address of Current Registered Agent
**BEROLZHEIMER, HENRY A.
35 KRAEMER AVE
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent
81 Name: **MARY BURRUSS**
82 Street Address (P.O. Box Number is Not Acceptable): **135 WHITECOMB BLVD**
83 **TARPON SPRINGS,**
84 City: **FL** 85 Zip Code: **34689**

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: *Mary Burruss* DATE: **3-17-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORMAN, ED	
STREET ADDRESS	118 PARKSIDE COLONY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURRUSS, MARY	
STREET ADDRESS	135 WHITECOMB BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEROLZHEIMER, HENRY	
STREET ADDRESS	35 KRAEMER AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIEMAN, PINA MAE	
STREET ADDRESS	7424 GULF BREEZE CIRCLE	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JOHN	
STREET ADDRESS	417 SPRING BLVD., S	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALCOLM, EDITH	
STREET ADDRESS	4853 PHOENIX DRIVE	
CITY-ST-ZIP	HOLIDAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blaine P. Lecouris	
1.3 STREET ADDRESS	1704 Gulf Rd.	
1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Blaine P. Lecouris* DATE: **3-17-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)