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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N36621

1. Corporation Name  
**OLD-TIMERS OF TARPON SPRINGS, INC.**

Principal Place of Business: 135 WHITCOMB BLVD, TARPON SPRINGS FL 34689 US  
 Mailing Address: 35 KRAEMER AVE, TARPON SPRINGS FL 34689



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/13/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3028471	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip Country		Zip Country		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURRUSS, MARY 135 WHITCOMB BLVD TARPON SPRINGS FL 34689				81 Name <i>Kathleen Assimack</i>			
				82 Street Address (P.O. Box Number is Not Acceptable) <i>702 Bayshore Blvd Dr.</i>			
				83 <i>Tarpon Springs</i>			
				84 City <i>FL</i> 85 Zip Code <i>34689</i>			

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 *Kathleen Assimack* DATE *2-11-99*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LECOURIS, BLAINE P			1.2 NAME			
STREET ADDRESS	1704 GULF RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURRUSS, MARY			2.2 NAME			
STREET ADDRESS	135 WHITECOMB BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		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			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORMAN, ED			4.2 NAME			
STREET ADDRESS	118 PARKSIDE COLONY DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINSON, BARBARA			5.2 NAME			
STREET ADDRESS	1275 MICKLER LN			5.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689			5.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<i>Treas. Kathleen Assimack</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MALCOLM, EDITH			6.2 NAME	<i>702 Bayshore Dr.</i>		
STREET ADDRESS	111 BAY ST			6.3 STREET ADDRESS	<i>TARPON SPRINGS FL 34689</i>		
CITY-ST-ZIP	TARPON SPRINGS FL 34689			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Kathleen Assimack* DATE: *2-11-99* DAYTIME PHONE #: *727-934-4531*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)