FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38590 (8)

1. Corporation Name
KENNEDY BOULEVARD COUNCIL, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM K. WIGGINS P O BOX 4115 TAMPA FL 33677-4115 US	C/O WILLIAM K. WIGGINS P O BOX 4115 TAMPA FL 33677-4115 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-3192384 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o William K. Wiggins	26 c/o William K. Wiggins
Suite, Apt. #, etc. 22 P.O Box 3235	Suite, Apt. #, etc. 27 P.O Box 3235
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33605 Country 25 US	Zip 29 33605 Country 30 US

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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
CURTIS, DANIEL B 3333 W KENNEDY BLVD SUITE 206 TAMPA FL 33609	81 Name: DAVID A. RIGALL 82 Street Address (P.O. Box Number is Not Acceptable): 1707 N. 16th St. 83 84 City: TAMPA FL 85 Zip Code: 33605

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: D Rigall 4/19/95
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	11 TITLE	☐ Change ☐ Addition
NAME	LAROCCA,JOHN N.	12 NAME	200001520102
STREET ADDRESS	442 W. KENNEDY BLVD., #200	13 STREET ADDRESS	-06/22/95--01013--002
CITY-ST-ZIP	TAMPA FL 33606	14 CITY-ST-ZIP	****163.75 ****163.75
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RIGALL, DAVID A	22 NAME	
STREET ADDRESS	1707 N 16TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, WILLIAM	32 NAME	
STREET ADDRESS	2307 W KENNEDY BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 the attachment with an address.

SIGNATURE: D Rigall 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005068