

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 # N38590 (8)

1. Corporation Name

KENNEDY BOULEVARD COUNCIL, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM K. WIGGINS  
P O BOX 3235  
TAMPA FL 33677-4115  
US

C/O DAVID RIGALL

C/O WILLIAM K. WIGGINS  
P O BOX 3235  
TAMPA FL 33677-4115  
US

3. Date Incorporated or Qualified

06/11/1990

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1916 Republica de Cuba

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Tampa FLA

28 City & State

24 Zip 33605

25 Country USA

29 Zip

30 Country

4. FEI Number

59-3192384

Applied For

Not Applicable

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

RIGALL, DAVID A.  
1707 N. 16TH ST.  
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

Rigall, David A

82 Street Address (P.O. Box Number is Not Acceptable)

1916 Republica de Cuba

83

84 City

Tampa

FL

85

Zip Code 33605

11. Pursuant to the provisions of Sections 617.0602 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]*  
Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent's signature required when re-registering)

PRESIDENT

DAVID A. RIGALL

3/13/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LARocca, JOHN N.  
STREET ADDRESS 442 W. KENNEDY BLVD., #200  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE  
NAME RIGALL, DAVID A  
STREET ADDRESS 1707 N 16TH ST  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
NAME WIGGINS, WILLIAM  
STREET ADDRESS 2307 W KENNEDY BLVD  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Rigall David A.  
2.3 STREET ADDRESS 1916 Republica de Cuba  
2.4 CITY-ST-ZIP Tampa FLA 33605

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME Coplon, Jimmy  
3.3 STREET ADDRESS 405 NORTH Westshore Blvd  
3.4 CITY-ST-ZIP Tampa FL 33609

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

DAVID A. RIGALL

3/13/96

247-212826

CR2E037 (12/95)