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 MAR 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41645 (5)

1. Corporation Name

TAMPA PALMS LADIES CLUB, INC.

Principal Place of Business	Mailing Address
COMPTON PARK CLUBHOUSE TAMPA FL 33647 US	16057 TAMPA PALMS BLVD. W. SUITE 918 TAMPA FL 33647-2001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1991
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-3048778 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

ESTHER M. GRUSHKA
6207 EMMONS LANE
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: Ingeborg C. Ammon
82 Street Address (P.O. Box Number is Not Acceptable): 7119 Wareham Drive
83: Tampa
84 City: FL 85 Zip Code: 33647

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: Ingeborg C. Ammon — 3/8/1995
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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WOODS, VERNA	1.2 NAME	MASON, JOANNE
STREET ADDRESS	6541 STONINGTON DR. S.	1.3 STREET ADDRESS	16121 ANCROFT COURT
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	TD	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	GRUSHKA, ESTHER M.	2.2 NAME	AMMON, INGEBORG C.
STREET ADDRESS	6207 EMMONS, LANE	2.3 STREET ADDRESS	7119 WAREHAM DR. E.
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	MASON, JOANNE	3.2 NAME	BARNARD, DIANNE
STREET ADDRESS	6121 ANCROFT CT.	3.3 STREET ADDRESS	15906 WAINWRIGHT COURT
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Ingeborg C. Ammon — Ingeborg C. Ammon — 3/8/95 — 632-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004464