

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44637** (9)

1. Corporation Name

**LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.**

Principal Place of Business

**2450 N. SHORE BLVD  
SUITE 210  
TAMPA FL 33607**

Mailing Address

**P.O. BOX 5231  
TAMPA FL 33605  
US**



3. Date Incorporated or Qualified  
**08/12/1991**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

21 **5982 106th Terrace N**

2a. Mailing Address

26 **5982 106th Terrace N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Pinellas Park, Fla**

City & State

28 **Pinellas Park, Fla**

Zip

24 **33782**

Country

25 **U.S.**

Zip

29 **33782**

Country

30 **U.S.**

4. FEI Number  
**59-3083827**

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

**MONGELLO, GUY  
5982 106TH TERRACE N.  
SUITE 210  
PINELLAS PARK FL 34866**

10. Name and Address of New Registered Agent

81 Name

**Mongello, Guy**

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

**5982 106th Terrace N.**

83

84 City

**Pinellas Park**

FL

85

**33782**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTILLO, ORLANDO</b>	
STREET ADDRESS	<b>2414 S 46TH ST</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MONGELLO, GUY</b>	
STREET ADDRESS	<b>5982 106TH TERRACE N.</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FULLER, THOMAS</b>	
STREET ADDRESS	<b>514 59TH ST.</b>	
CITY - ST - ZIP	<b>HOLMES BEACH FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLEVIN, JUNE</b>	
STREET ADDRESS	<b>1741 SUE DRIVE</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTCHER, FRED</b>	
STREET ADDRESS	<b>12265 SHAFTON RD</b>	
CITY - ST - ZIP	<b>SPRINGHILL FL</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, DAVE</b>	
STREET ADDRESS	<b>1389 PASADENA AVE.</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33707</b>	

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**O Mekler, Irvin  
2992 Farnham Way  
Clearwater, FL 34621**

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

**IRVIN MEKLER**

**6/30/96**

**813-  
446-8055**

Date

Daytime Phone #

CR2E037 (3/96)