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 # **N46518** **(9)**

1. Corporation Name

TAMPA BAY SURVEY AND MAPPING SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
3118 KENSINGTON AVENUE TAMPA FL 33629	3118 KENSINGTON AVENUE TAMPA FL 33629

3. Date Incorporated or Qualified: **12/16/1991**

3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LESTER, JOHN
3118 KENSINGTON AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	D	☐ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	CARON, MAGARET H		12 NAME	Brown, Timothy M.	
STREET ADDRESS	3910 US HWY 301 N., STE. 140		13 STREET ADDRESS	910 N. Parsons Ave.	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	Brandon, FL 33510	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CLANTON, ROBERT JOHN		22 NAME		
STREET ADDRESS	914 E. CURTIS ST.		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LESTER, JOHN		32 NAME		
STREET ADDRESS	3118 KENSINGTON AVENUE		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP		
TITLE	P	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	WESTON, ROBERT S.		42 NAME		
STREET ADDRESS	2984 MEADOW OAK DRIVE NORTH		43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	PIERCE, LESLIE		52 NAME		
STREET ADDRESS	8038 GARDNER RD.		53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	YOUNG, CINDY		62 NAME		
STREET ADDRESS	13105-D THOMASVILLE CR.		63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		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)(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: _____ John Lester 2/8/96 813-744-5619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)