

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 # **N48041** (0)

1. Corporation Name

HISTORIC FLORIDA REPRODUCTIONS, INC.

Principal Place of Business

**2009 18TH STREET NORTH
TAMPA FL 33605**

Mailing Address

**2009 18TH STREET NORTH
TAMPA FL 33605**

*c/o Tampa Preservation
P.O. Box 12061
TAMPA, FLA 33627*



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/23/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3161804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**SMITH, H. VANCE
111 MADISON STREET
TAMPA FL 33602**

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

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 **PD / T.** ☐ DELETE

NAME **SMITH, SYLVIA V**
STREET ADDRESS **5018 THE RIVIERA**
CITY - ST - ZIP **TAMPA FL**

TITLE **SD / V.P.** ☐ DELETE

NAME **COWART, PATRICIA**
STREET ADDRESS **5509 RAWLS ROAD**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☒ DELETE

NAME **COWART, SHARON**
STREET ADDRESS **17314 CARRIAGE WAY**
CITY - ST - ZIP **ODESSA FL**

TITLE **D** ☒ DELETE

NAME **LEE, LESLEY**
STREET ADDRESS **4523 W CULBREATH AVE**
CITY - ST - ZIP **TAMPA FL**

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

11 TITLE

D

☐ Change

☒ Addition

12 NAME

CLARKE, BECKY

13 STREET ADDRESS

46 BAHAMA CIRCLE

14 CITY - ST - ZIP

TAMPA, FL 33606

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

400001882844

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*****61.25**

☐ Change

☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

Sylvia Vega Amato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 1996
DATE

Daytime Phone #

CR2E037 (12/95)