

# 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 # N92000000610 (7)**

1. Corporation Name

**TAMPA BAY ARTS, INC.**



Principal Place of Business

**3717 SAN LUIS ST.  
TAMPA FL 33629  
US**

Mailing Address

**1222 S. DALE MABRY  
SUITE 602  
TAMPA FL 33629-5009  
US**

3. Date Incorporated or Qualified  
**12/03/1992**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2907 BAY to BAY Blvd**

26 **1222 S. DALE MABRY**

4. FEI Number  
**59-2908900**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#210**

27 **Suite 602**

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

23 **TAMPA FL**

28 **TAMPA FL**

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

24 **33629**

25 **USA**

29 **33629**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUIG, MARK D  
3717 SAN LUIS ST.  
TAMPA FL 33629**

81 Name **PUIG, MARK D.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2907 BAY to BAY Blvd**

83 **Suite 210**

84 City **TAMPA**

85 **FL** Zip Code **33629**

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 **MARK D. Puig, Exec. Dir.**

*Mark D. Puig*

**1/22/96**

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 **P** ☒ DELETE  
NAME **CREAMER, DON**  
STREET ADDRESS **2113 W. MARJORY**  
CITY-ST-ZIP **TAMPA FL**

11 TITLE **X D** ☒ Change ☐ Addition  
12 NAME **BOB GOBLER**  
13 STREET ADDRESS **17901 HOLLY BROOK DR**  
14 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VP** ☒ DELETE  
NAME **GOBLER, ROBERT**  
STREET ADDRESS **9442 BONNET LK. RD.**  
CITY-ST-ZIP **NEWPORT RICHEY FL**

21 TITLE **VP D** ☒ Change ☐ Addition  
22 NAME **ARTHUR "JOEY" MILLER**  
23 STREET ADDRESS **14505 AUDUBON TRACE #504**  
24 CITY-ST-ZIP **TAMPA FL 33613-2978**

TITLE **T** ☒ DELETE  
NAME **HOLLOWAY, DAVID**  
STREET ADDRESS **5420 BAYSHORE BLVD.**  
CITY-ST-ZIP **TAMPA FL**

31 TITLE **P D** ☒ Change ☐ Addition  
32 NAME **PAUL HANSON**  
33 STREET ADDRESS **3508 KENSINGTON AVE**  
34 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **S D** ☐ DELETE  
NAME **BOYD, C.L.**  
STREET ADDRESS **PO DRAWER 9448 N/A**  
CITY-ST-ZIP **WINTER HAVEN FL**

41 TITLE **EXEC. DIR.** ☐ Change ☒ Addition  
42 NAME **MARK D. PUIG**  
43 STREET ADDRESS **3717 SAN LUIS ST**  
44 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☒ DELETE  
NAME **CURRENT, CALVIN**  
STREET ADDRESS **5432 WINDBRUSH DR.**  
CITY-ST-ZIP **TAMPA FL**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **HILICK, JOHN**  
STREET ADDRESS **14112 HOLLINGFARE PLACE**  
CITY-ST-ZIP **TAMPA FL**

61 TITLE **100001746881** ☐ Change ☐ Addition  
62 NAME **-03/18/96--01048--003**  
63 STREET ADDRESS **\*\*\*70.00**  
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: *Mark D. Puig* **MARK D. PUIG EXEC. DIR.**

**1/22/96**

**813-837-4485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)