FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300002909 (0)

TABIDA	STORM.	INIC	
AUMAI	SIDRM	INI :	

Principal Place	of Business	Mailing Address				
5912 HIGHLAN TAMPA FL 336		5912 HIGHLAND AVE TAMPA FL 33604				
						3. Date incorporated or Qualified
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For 59-3 15 1796 Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for intangible tax upder s. 199.032,
24	25		30			Florida Statutes Yes No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
GREER, 1	MOVIE E					
	WICKIE E BHLAND AVE			82	Street /	(Address (P.O. Box Number is Not Acceptable)
tampa f	L 33604			83		
•				84	City	FL 85 Zip Code
1). 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 of corporation's board of directors. I hereby accept the appointment as registered agent. I amiliar with, and accept the poligations of, Section 617.0503, Florida Statutes.						personation outpoints this statement for the purpose of changing its registered office.
SIGNATURE.	Signature, typed or printed nature of registered agent a	1LC				majored when rendshings
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1 1 TI	TL F		Defrange Addition
NAME	VICKIE GREER		1.2 N/	\ME		Vickie Greer Ave
STREET ADDRESS	5912 HIGHLAND AVE				ADDRESS	
CITY - ST - ZIP	TAMPA FL 33604	DELETE		TY-S	- ZIP	Tampa, Fla 33604
TITLE	ROBERT GREER		2 1 TI 2 2 N/			
NAME STREET ADDRESS	5912 HIGHLAND AVE				ADDRESS	Robert Green Ave
DITY-ST-ZIP	TAMPA FL 33604		2 4 0			Tampa F19. 33624
TITLE	1	DELETE	3 1 Ti		1-21)	□ Change
NAME	JOHN KING		3 2 N/	AME		John King 106
STREET ADDRESS	14904 BALSAWOOD PLACE		3351	TREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613		3 4 C	IIY-S	1 - ZIF	Tampa, F1 33613
TITLE		■ DELE16	411	1LE		Change Addition
NAME	SALLY MATTHEW		4 2 N	AME:		
STREET ADDRESS	16215 SAWGRASS CIR		4 3 S1	FREE F	ADDRESS	The State St
CITY-S1-ZIP	TAMPA 6K 33613	□ Z OELETE	4 4 CI	• • • •	T - ZIP	-04/08/3601025001 ****70 0B
TITLE	JAN KING	L ≥ Utitit	5 1 Ti			****了①。 □ Change □ Addition
NAME STREET ADDRESS	14904 RAI SAWOON PLACE		5 2 N/		ADDRESS -	
CITY-ST-ZIP	14904 BALSAWOÓB PLACE TAMPA FL 33813		540			
TITLE		DELETE	61 TI			☐ Change ☐ Addition
NAME		—	62 N			
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP				11Y - S		
44	200 10 10 10 10 10 10 10 10 10 10 10 10 1					24.4. the second and the dis Continue 110.07/2013. Florida Ctat day 14 where

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 HAME OF SIGNING OFFICER OR DIRECTOR

94 813-337-0375

1-6-86