NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300002909

TAMPA STORM, INC.

Principal Place of Business 5912 HAMMOCK WOODS DRIVE Mailing Address P.O. BOX 274075

ODESSA FL 33556

TAMPA FL 33688-4075

FILED Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90019 037 ****61.25



⊢¬ '	Place of Business	g Address				3. Date Incorporated or Qualifed 06/21/1993						
21	#	26 Suite	Ant # oto				4. FEI Number		$\neg op$	Annlie	ed For	
Suite, Apt.	. #, etc.		e, Apt. #, etc.				59-3151796		-		pplicable	
22	A-	27 City	& State				0001011		\$8.7			
City & State City & State							5. Certifcate of Status Desired	Desired				
Zip	Country Zip			Country			6. Election Campaign Financing	aign Financing S5.00 May Be			ıy Be	
24	25 29						Trust Fund Contribution		Added to Fees			
	9. Name and Address of Current	Registered	Agent				10. Name and Address of New	Registered A	gent			
				81	Na	ame						
SIVARD, FRANCIS J					82 Street Address (P.O. Box Number is Not Acceptable)							
2910 HAMMOCK WOODS DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)							
ODESSA FL 33556					83							
ODE22W LF 22220									Terl 7	*** C		
				84	Cì	ty		FL	85 2	ip Coo	10	
office or I	to the provisions of Sections 617.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	if Florida. Su	ich change was auti ion 617.0503, Florid	nonzed by la Statutes	the i	corporatio	on's board of directors. I hereby according	врт ин арроні	tment as	s regisi	lered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						sture require	d when reinstating)	DATE	SEVER	TOD6	- IN 40	
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO O	FFICERS ANI				
TITLE	PD	☐ DELETE		1.1 TITLE	1.1 TITLE		•		Chan	ge	Addition Addition	
NAME	DAVIS, CHARLES			1.2 NAME		1				-		
STREET ADDRESS	8024 ST. PETER AVENUE				ADD	RESS						
CATY-ST-ZIP	TAMPA FL 33614			1.4 CITY-S	T∙ZIP							
TITLE	VPD		☐ DELETE	2.1 TITLE			•		Chan	ge	Addition	
NAME	STASELL, KAREN			2.2 NAME			•					
STREET ADDRESS	ACCOS CANADAN DONE			2.3 STREET	ADDI	RESS						
CITY-ST-ZIP	TAMPA FL 33624			2. 4 CITY-5	T-ZIP							
TITLE	T		DELETE	3.1 TITLE					Chan	ge	Addition Addition	
NAME	SIVARD, FRANK			3.2 NAME								
STREET ADDRESS				3.3 STREET	ADDI	RESS						
CITY-ST-ZIP	TAMPA FL			3.4. CITY-5	T-ZIP	- 1						
TITLE	SD		DELETE	4.1 TITLE		-	5D		Chan	ge	Addition	
NAME	GROG. ROBIN			4. 2 NAME		R	POLAND PROHENZ	A	,			
STREET ADDRESS				4.3 STREET	ADDI		3514 LAKE MAGDALE		۲.			
CITY-ST-ZIP	TAMPA FL 33618			4.4 CITY-S		17.	AMPA, FL 33618		_			
TITLE			☐ DELETE	5.1 TITLE					Chan	ge	Addition	
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREET	ADD	RESS						
CITY-ST-ZIP				5.4 CITY - S	r-zip							
TITLE			☐ DELETE	6.1 TITLE		\neg		_	Chan	ge	Addition	
NAME	1			6.2 NAME								
STREET ADDRESS				6.3 STREET	ADD	RESS						
SIREEI AUURESS												

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WEIS J. SIVARD 8-7-99