

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003450 (4)

1. Corporation Name

PLANT HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

**APPROVED
AND
FILED**

55 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3418 W. OBISPO ST.
BOX 18483
TAMPA FL 33629-7915

P O BOX 18483
BOX 18483
TAMPA FL 33679-483
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3211179

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and that if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ELLIOTT, RAY E
STREET ADDRESS 3418 W. OBISPO ST., BOX 18483
CITY - ST - ZIP TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE TD
NAME PELAEZ, EVARISTO III
STREET ADDRESS 3812 W. GRAY ST.
CITY - ST - ZIP TAMPA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME TRENT, JAMES
STREET ADDRESS 4201 W. WATROUS AVE.
CITY - ST - ZIP TAMPA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE VD
NAME ROTHENBERG, MARY S
STREET ADDRESS 1817 BAYSHORE BLVD.
CITY - ST - ZIP TAMPA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME PELAEZ, DEBRA
STREET ADDRESS 3812 W. GRAY ST.
CITY - ST - ZIP TAMPA FL

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

☒ Change ☐ Addition

TITLE D
NAME MCALISTER, JAMES
STREET ADDRESS 4211 BAY VISTA AV
CITY - ST - ZIP TAMPA FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☒ 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 if changed, or on an attachment with an address.

SIGNATURE: RAY E. ELLIOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-95
(Date)

(813) 832-9680
(Telephone Number)