FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 11 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005044 (3)

1. Corporation Name

TAMPA BAY AQUARIUM SOCIETY, INC.

Principal Place of Business	Mailing Address
5213 WILCOX RD. TAMPA FL 33624	5213 WILCOX RD. TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1993
3a. Date of Last Report: 11/14/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt # etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
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
RODRIGUEZ, MARK 5213 WILCOX RD. TAMPA FL 33624	81 Name: Patty S. Moncrief 82 Street Address (P.O. Box Number is Not Acceptable): 5213 Wilcox Rd. 83 84 City: Tampa FL 85 Zip Code: 33624

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: Patty Moncrief — April 19, 1995
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	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	SKIDMORE, BRIAN	1 2 NAME	
STREET ADDRESS	5213 WILCOX RD.	1 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	1 4 CITY ST ZIP	
TITLE	DV	2 1 TITLE	☐ Change ☐ Addition
NAME	NADOLNY, JOE	2 2 NAME	
STREET ADDRESS	5213 WILCOX RD.	2 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	2 4 CITY ST ZIP	
TITLE	DS	3 1 TITLE	☐ Change ☐ Addition
NAME	CABOT, JUDY	3 2 NAME	
STREET ADDRESS	5213 WILCOX RD.	3 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	3 4 CITY ST ZIP	
TITLE	DT	4 1 TITLE	☐ Change ☐ Addition
NAME	MONCRIEF, PATTY	4 2 NAME	
STREET ADDRESS	5213 WILCOX RD.	4 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	YANONG, ROY	5 2 NAME	
STREET ADDRESS	5213 WILCOX RD.	5 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	KUTTY, VINNY	6 2 NAME	
STREET ADDRESS	5213 WILCOX RD.	6 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	6 4 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: Patty Moncrief — 5-7-95 — 813 884 8912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064733