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May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000005044 (3)

1. Corporation Name

TAMPA BAY AQUARIUM SOCIETY, INC.



Principal Place of Business

Mailing Address

14954 LAKE FORREST DR
LUTZ FL 33549
US

14954 LAKE FORREST DR
LUTZ FL 33549
US

3. Date Incorporated or Qualified

11/09/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONCRIEF, PATTY S
14954 LAKE FORREST DR
LUTZ FL 33549

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 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

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 D
NAME SKIDMORE, BRIAN
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL ☒ DELETE

1.1 TITLE DV
1.2 NAME Peterson, Judi
1.3 STREET ADDRESS 14954 Lake Forrest Dr
1.4 CITY-ST-ZIP Lutz FL ☐ Change ☒ Addition

TITLE DV
NAME PETERSON, JOHN
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL ☐ DELETE

2.1 TITLE DV
2.2 NAME Peterson, John
2.3 STREET ADDRESS 14954 Lake Forrest Dr
2.4 CITY-ST-ZIP Lutz FL ☒ Change ☐ Addition

TITLE DS
NAME BRISSON, JODY
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL ☒ DELETE

3.1 TITLE D
3.2 NAME Lloyd Wallace
3.3 STREET ADDRESS 14954 Lake Forrest Dr
3.4 CITY-ST-ZIP Lutz FL ☐ Change ☒ Addition

TITLE DT
NAME MONCRIEF, PATTY
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME SHIELDS, BILL
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STAGNO, ROBERT
STREET ADDRESS 14954 LAKE FORREST DR
CITY-ST-ZIP LUTZ FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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

5-10-98

\$12.50 2/1/98

CR2E037 (10/97)