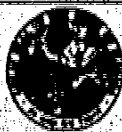


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005228 (2)

1. Corporation Name

TAMPA BAY SNOW SKIERS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/11/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **APPLIED FOR N/A** Applied For ☒ Not Applicable

Principal Place of Business Mailing Address
**3314 HENDERSON BLVD.
STE. 205
TAMPA FL 33609** **PO BOX 2438
STE. 205
TAMPA FL 33601
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 **NO STE NUMBER**
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired ☐ \$0.75 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

**SINGLETON, MARCY R CPA
3314 HENDERSON BLVD.
STE. 205
TAMPA FL 33609**

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **RAO, DIANE**
STREET ADDRESS **4317 OAKHURST TERRACE**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Duckstein, Wayne**
1.3 STREET ADDRESS **6005 Adagio Lane**
1.4 CITY-ST-ZIP **Apollo Beach FL 33572**

TITLE **VD**
NAME **DUCKSTEIN, WAYNE**
STREET ADDRESS **6005 ADAGIO LANE**
CITY-ST-ZIP **APOLLO BEACH FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Lingle, Shawn**
2.3 STREET ADDRESS **404 S Albany Ave**
2.4 CITY-ST-ZIP **Tampa FL 33606**

TITLE **TD**
NAME **MEINIG, MARDI**
STREET ADDRESS **12110 LAKE CARROLL DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Fallen, Janet**
3.3 STREET ADDRESS **1002 Centerbrook Dr**
3.4 CITY-ST-ZIP **Brandon FL 33511**

TITLE **SD**
NAME **SMITH, LYNN**
STREET ADDRESS **1104 SAMY DR**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Meinig, Mardi**
4.3 STREET ADDRESS **12110 Lake Carroll Dr**
4.4 CITY-ST-ZIP **Tampa FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Janet Fallen

Janet Fallen 5/10/95 (813) 685-3549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature From 8