

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005228 (2)

1. Corporation Name

TAMPA BAY SNOW SKIERS, INC.



Principal Place of Business

3314 HENDERSON BLVD.
STE. 205
TAMPA FL 33609

Mailing Address

PO BOX 2438
STE. 205
TAMPA FL 33601
US

3. Date Incorporated or Qualified
11/11/1993

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21 208 S. MACDILL AVE

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.
B

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 TAMPA FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33609

25 Country

29 Zip

30 Country

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)

208 S. MACDILL AVE STE B

83

84 City TAMPA

FL

85 Zip Code 33609

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 VD
NAME LINGLE, SHAWN
STREET ADDRESS 404 S. ALBANY AVENUE
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT
SHAWN LINGLE
404 S ALBANY AVE
TAMPA FL 33606

☒ Change ☐ Addition

TITLE PD
NAME DUCKSTEIN, WAYNE
STREET ADDRESS 6005 ADAGIO LANE
CITY-ST-ZIP APOLO BEACH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VICE PRESIDENT
HARRY BROWN
4021 PRIORY CR
TAMPA FL 33624

☐ Change ☒ Addition

TITLE SD
NAME MEINIG, MARY
STREET ADDRESS 12110 LAKE CARROLL DRIVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SECRETARY
ALAN JACKSON
8341 WIMAN DR
NEW PORT RICHEY FL 34653

☐ Change ☒ Addition

TITLE TD
NAME FALLEN, JANET
STREET ADDRESS 1002 CENTERBROOK DRIVE
CITY-ST-ZIP BRANDON FL

☐ DELETE

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

TREASURER
JANET FALLEN
1002 CENTERBROOK DR
BRANDON FL 33511

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

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☐ 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:

JANET FALLEN
TREASURER

JANET FALLEN

4-25-96

Date

247-1150
Daytime Phone

CR2E037 (12/95)