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Jan 30 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001964 (5)

1. Corporation Name

TAMPA SMOKERS, INC.



Principal Place of Business

Mailing Address

6306 BENJAMIN RD
SUITE 604
TAMPA FL 33634

6306 BENJAMIN RD
SUITE 604
TAMPA FL 33634-5168

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 6202 Benjamin Rd.
Suite, Apt. #, etc.

26 6202 Benjamin Rd.
Suite, Apt. #, etc.

4. FEI Number
59-3237346

Applied For
Not Applicable

22 City & State
23 Tampa, FL

27 City & State
28 Tampa, FL

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

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

24 Zip Country
33634 USA

29 Zip Country
33634 USA

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

ALLWEISS, MICHAEL D
4020 PARK ST NORTH
SUITE 202
ST PETERSBURG FL 33709

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 111 - 2nd Avenue N.E.
Suite 620

84 City State Zip Code
St. Petersburg, FL 33701

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 ☐ DELETE
NAME CD
STREET ADDRESS PORCELLI, PETER J JR
CITY-ST-ZIP 77 GULFWINDS DR
PALM HARBOR FL 34683

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS MINK, MICHAEL
CITY-ST-ZIP 5712 LONESOME DOVE CT
NEW PORT RICHEY FL 34655

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

TITLE ☐ DELETE
NAME ST
STREET ADDRESS HARRIS, BONNIE
CITY-ST-ZIP 8102 N. SHELDON RD. #808
TAMPA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Tampa, FL 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Director
4.3 STREET ADDRESS Terry Bayton
4.4 CITY-ST-ZIP 8 Jill Circle
Brampton, Ontario, Canada

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP L6S 3Z2

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Director
6.3 STREET ADDRESS Steve Schott
6.4 CITY-ST-ZIP 5209 Harborside Dr.
Tampa, FL 33615

14. I do 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

[Signature]

Bonnie A. Harris
Secretary & Treas 813 -
1/21/97 249-2255

CR2E037 (9/96)