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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001964 (5)**

1. Corporation Name

TAMPA SMOKERS, INC.

Principal Place of Business

Mailing Address

**6202 BENJAMIN RD
TAMPA FL 33634
US**

**6202 BENJAMIN RD
TAMPA FL 33634
US**

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

59-3237346

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

9. Name and Address of Current Registered Agent

25

Country

29

Country

30

**ALLWEISS, MICHAEL D
111 - 2ND AVENUE NE
SUITE 620
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

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

TITLE **CD** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **MINK, MICHAEL**
STREET ADDRESS **5712 LONESOME DOVE CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **ST** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **BAYTOR, TERRY**
STREET ADDRESS **8 JILL CIRCLE**
CITY-ST-ZIP **BRANTON ON**

TITLE **D** ☒ DELETE

NAME **SCHOTT, STEVE**
STREET ADDRESS **5109 HARBORSIDE DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Director
David Boys
6202 Benjamin Rd.
Tampa, FL 33634**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/98

813-249-2255

0049967

CR2E037 (10/97)