

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 # N94000003715 (9)

1. Corporation Name

TOWN & COUNTRY ALLIANCE, INC.



Principal Place of Business

7512 PAULA DR
105
TAMPA FL 33615
US

Mailing Address

5405 W. CYPRESS ST.
SUITE 111
TAMPA FL 33607-1772

3. Date Incorporated or Qualified
07/26/1994

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 261106

22 City & State

27 Suite, Apt. #, etc.
28 TAMPA, FL

23 Zip

Country

29 33685-1106

Country

30 HILLSBOROUGH

4. FEI Number
59-3267277

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

RILEY, STEVEN P
5405 W. CYPRESS ST.
SUITE 111
TAMPA FL 33607-1772

81 Name
RILEY, STEVEN P.

82 Street Address (P.O. Box Number is Not Acceptable)
3333 W. HENDERSON BLVD

83 SUITE 150

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME KOSCSO, MARTIN E
STREET ADDRESS 8213 CRENSHAW CIRCLE
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE VD
NAME BARTON, BART
STREET ADDRESS 4727 LODESTONE DR.
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE TD
NAME HALE, SUE
STREET ADDRESS 7516 WEST JEAN ST
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE SD
NAME SILVER, M
STREET ADDRESS 9805 BAY ISLAND DR
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD
1.2 NAME BARTON, BART
1.3 STREET ADDRESS 4727 LODESTONE DR.
1.4 CITY-ST-ZIP TAMPA, FL 33615

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME FOGERTY, MARK
2.3 STREET ADDRESS 7202 BRANCHWOOD CT.
2.4 CITY-ST-ZIP TAMPA, FL 33615

☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME PENA, CATHY
3.3 STREET ADDRESS 8774 HUNTFIELD ST.
3.4 CITY-ST-ZIP TAMPA, FL 33625

☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME KOSCSO, MARTIN E.
4.3 STREET ADDRESS 8213 CRENSHAW CR.
4.4 CITY-ST-ZIP TAMPA, FL 33615

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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:

MARTIN E. KOSCSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

4/19/96 (813) 347-3132

Daytime Phone #

CR2E037 (12/95)