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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000131

1. Corporation Name

TAMPA BAY VETTES INC.

Principal Place of Business

~~C/O BRUNO, FRANCIS~~
~~5304 SOUTH LIPSCOMB STREET~~
~~TAMPA FL 33611~~
~~US~~

Mailing Address

C/O BRUNO, FRANCIS
P.O. BOX 130882
TAMPA FL 33681-0882
US



2. Principal Place of Business

21 **1/0 SHIRLEY GORGEI**
Suite, Apt. #, etc.
2002 S. HARBOUR ISLE BLVD.
BLDG. C1 # 1403
City & State
23 **TAMPA, FL**

2a. Mailing Address

26 Suite, Apt. #, etc.
City & State
28

3. Date Incorporated or Qualified

01/10/1995

4. FEI Number

59-2041417

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

24 Zip

Country

25

29 Zip

Country

30

9. Name and Address of Current Registered Agent

~~BRUNO, FRANCIS~~
~~5304 SOUTH LIPSCOMB STREET~~
~~TAMPA FL 33611~~

10. Name and Address of New Registered Agent

81 Name

SHIRLEY GORGEI

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

2002 S. HARBOUR ISLE BLVD.

83

BLDG. C1 # 1403

84 City

TAMPA

FL

85 Zip Code

33602

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

Shirley Gorgei

Signature, typed or printed of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ DELETE
NAME ~~BRUNO, FRANCIS~~
STREET ADDRESS ~~5304 SOUTH LIPSCOMB STREET~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~VD~~ ☒ DELETE
NAME ~~HOLMES, JOHN~~
STREET ADDRESS ~~2211 CHEROKEE TRAIL~~
CITY-ST-ZIP ~~VALRICO FL 33594~~

TITLE ~~TD~~ ☒ DELETE
NAME ~~JOHNSTON, FLOYD~~
STREET ADDRESS ~~510 MAHOGANY DRIVE~~
CITY-ST-ZIP ~~SEFFNER FL 33584~~

TITLE ~~SD~~ ☐ DELETE
NAME ~~CHEVILLOT, ANNE~~
STREET ADDRESS ~~7575 GRAN KAYMEN WAY~~
CITY-ST-ZIP ~~APOLLO BEACH FL 33572~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PD~~ ☐ Change ☒ Addition
1.2 NAME **GORGEI, SHIRLEY**
1.3 STREET ADDRESS **2002 S. HARBOUR ISLE BLVD. BLDG. C1 # 1403**
1.4 CITY-ST-ZIP **TAMPA, FL 33602**

2.1 TITLE ~~VD~~ ☐ Change ☒ Addition
2.2 NAME **CARBONE, PATRICK**
2.3 STREET ADDRESS **402 SILVER HILL**
2.4 CITY-ST-ZIP **VALRICO, FL 33594**

3.1 TITLE ~~TD~~ ☐ Change ☒ Addition
3.2 NAME **CHEVILLOT, PETER**
3.3 STREET ADDRESS **7575 GRAN KAYMEN WAY**
3.4 CITY-ST-ZIP **APOLLO BEACH, FL 33572**

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

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, with all other like empowered.

SIGNATURE:

Shirley Gorgei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99
Date

813-221-3401
Daytime Phone #

CR2E037 (1/98)