

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000002159 (0)**

1. Corporation Name

THAP HOMES, INC.

Principal Place of Business

Mailing Address

**5015 N 22ND ST
TAMPA FL 33610**

**5015 N 22ND ST
TAMPA FL 33610**



3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

NOT APPLICABLE

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, CARL
5015 N 22ND ST
TAMPA FL 33610**

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)

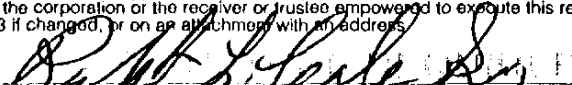
DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------|
| TITLE | DP |
| NAME | COLE, ROBERT SR |
| STREET ADDRESS | 11719 TOM FOLSOM RD |
| CITY-ST-ZIP | TAMPA FL 33592 |
| TITLE | DV |
| NAME | SHIPP, ROBERT |
| STREET ADDRESS | 4424 ATWATER DR |
| CITY-ST-ZIP | TAMPA FL 33610 |
| TITLE | DS |
| NAME | SADLER, GEORGE W |
| STREET ADDRESS | 5095 E PALM AVE |
| CITY-ST-ZIP | TAMPA FL 33602 |
| TITLE | DT |
| NAME | JONES, LOUIS |
| STREET ADDRESS | 222 FAITHWAY DR |
| CITY-ST-ZIP | TAMPA FL 33605 |
| TITLE | D |
| NAME | HAMMOND, JAMES A |
| STREET ADDRESS | 2505 19TH AVE |
| CITY-ST-ZIP | TAMPA FL 33607 |
| TITLE | D |
| NAME | SCOTT, ROBERT R |
| STREET ADDRESS | 3804 RIVERGROVE DR |
| CITY-ST-ZIP | TAMPA FL 33610 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:



CR2E037 (10/97)