

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 # N95000002784 (5)

1. Corporation Name

READ TAMPA BAY, INC.

Principal Place of Business

4602 NORTH SEMINOLE AVENUE
TAMPA FL 33603

Mailing Address

4602 NORTH SEMINOLE AVENUE
TAMPA FL 33603

3. Date Incorporated or Qualified

06/13/1995

3a. Date of Last Report

NA

2. Principal Place of Business

2a. Mailing Address

21 NA

26 NA

4. FEI Number

59-3320934

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

PEREZ, JOE
4602 NORTH SEMINOLE AVENUE
TAMPA FL 33603

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PEREZ, JOE
STREET ADDRESS 4602 N. SEMINOLE AVENUE
CITY-ST-ZIP TAMPA FL 33603 ☐ DELETE

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

TITLE D
NAME RUTEMILLER, JUDITH
STREET ADDRESS 4602 N. SEMINOLE AVENUE
CITY-ST-ZIP TAMPA FL 33603 ☒ DELETE

2.1 TITLE D
2.2 NAME Cohen, Jodi
2.3 STREET ADDRESS 1505 N. Nebraska Avenue
2.4 CITY-ST-ZIP Tampa, Florida 33602 ☐ Change ☒ Addition

TITLE D
NAME KARWATT, CHRISTY
STREET ADDRESS 4602 N. SEMINOLE AVENUE
CITY-ST-ZIP TAMPA FL 33603 ☒ DELETE

3.1 TITLE D
3.2 NAME Moran, Eddie
3.3 STREET ADDRESS P. O. Box 1121 N/A
3.4 CITY-ST-ZIP St. Petersburg, Florida 33731 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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:

Joe A. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (813)-276-5254

Daytime Phone #

CR2E037 (12/95)