

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004875 (9)

1. Corporation Name

TAMPA BAY INTERNATIONAL BUSINESS COUNCIL, INC.



Principal Place of Business

Mailing Address

401 E. JACKSON STREET
21ST FLOOR
TAMPA FL 33602

P.O. BOX 420
TAMPA FL 33601-0420

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 4509 George Road

2a. Mailing Address

26 4509 George Road

4. FEI Number

59-0474960

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

22 City & State

23 Tampa, Florida

27 City & State

28 Tampa, Florida

24 Zip

24 33634

Country

25 USA

29 Zip

29 33634

Country

30 USA

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

EDWARDS/DEBERA
401 E. JACKSON STREET
21ST FLOOR
TAMPA FL 33602

81 Name George Lackman

82 Street Address (P.O. Box Number is Not Acceptable)
4509 George Road

83

84 City Tampa

FL

85 Zip Code
33634

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 *George Lackman* George Lackman

7/7/96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME EDWARDS/DEBERA
STREET ADDRESS 401 E. JACKSON STREET, 21ST FLOOR
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE

NAME LACKMAN, GEORGE
STREET ADDRESS 401 E. JACKSON STREET, 21ST FLOOR
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☒ DELETE

NAME SANZI, MARTHA
STREET ADDRESS 401 E. JACKSON STREET, 21ST FLOOR
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change ☐ Addition

11 TITLE William Flynn III
12 NAME 4509 George Road
13 STREET ADDRESS Tampa, FL 33634
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE Ray Fleming
22 NAME 4509 George Road
23 STREET ADDRESS Tampa, FL 33634
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: *George Lackman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/96

Date

813/243-8228

Daytime Phone #

0011565

CR2E037 (3/96)