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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004395 (7)

1. Corporation Name

SINGLES OF TAMPA BAY INC.



Principal Place of Business

Mailing Address

4302 GUNN HWY #909
TAMPA FL 33624

4302 GUNN HWY #909
TAMPA FL 33624-4771

3. Date Incorporated or Qualified
08/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Carlton S. Rowe
Suite, Apt. #, etc.

26 1636 E. Gary Road #5
Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3405583

Not Applicable

22 1636 E. Gary Rd. #5
City & State

27 Lakeland, Florida
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Lakeland, FL 33801
Zip

28 33801
Zip

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33801
Country

25 Polk
Country

29 33801
Country

30 Polk
Country

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

TOMASO, PAUL
4302 GUNN HWY #909
TAMPA FL 33624

81 Name

Carlton S. Rowe

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

1636 E. Gary Road #5

83

Lakeland, Florida

84 City

Lakeland

FL

85 Zip Code

33801

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

Carlton S. Rowe

1-25-97

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 P ☒ DELETE
NAME TOMASO, PAUL
STREET ADDRESS 4302 GUNN HWY #909
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE Carlton S. Rowe ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1636 E. Gary Road #5
1.4 CITY-ST-ZIP Lakeland, FL 33801

TITLE V ☐ DELETE
NAME HEIDEL, LEWIS
STREET ADDRESS 4302 GUNN HWY #909
CITY-ST-ZIP TAMPA FL 33624

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME AYERS, ELIZABETH
STREET ADDRESS 4302 GUNN HWY #909
CITY-ST-ZIP TAMPA FL 33624

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Shirley Spencer
3.3 STREET ADDRESS 702 E. Broad Street
3.4 CITY-ST-ZIP Tampa, FL 33604

TITLE T ☐ DELETE
NAME COCHRANE, MARTHA
STREET ADDRESS 4302 GUNN HWY #909
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☐ DELETE
NAME HELMS, DORIS
STREET ADDRESS 7901 HIAWATHA AVE
CITY-ST-ZIP TAMPA FL 33615

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

TITLE D ☐ DELETE
NAME ROSSBOROUGH, NEAL
STREET ADDRESS 1014 AUBURN LANE
CITY-ST-ZIP SEFFNER FL 33584

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

14. I do 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: CARLTON S. ROWE REQUIRED

Carlton S. Rowe 1-25-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048883

CR2E037 (9/96)