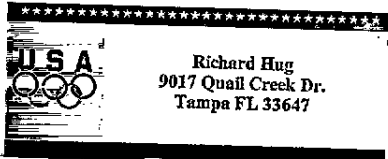


N96000004721



City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
99 JAN 29 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****35.00 *****35.00

*Out 35\$
RAC 1-29-99
38*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 11, 1999

NORTH EAST TAMPA SWIMMING, INC.
5811 TAMPA PALMS AVENUE
C/O TAMPA PALMS GOLF & COUNTRY CLUB
TAMPA, FL 33647

SUBJECT: NORTH EAST TAMPA SWIMMING, INC.
Ref. Number: N96000004721

Our records indicate the registered agent for the above named corporation resigned on December 24, 1998 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (850)-487-6050.

Carol Mustain
Corporate Specialist

RECEIVED
JAN 14 1999
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: NORTH EAST TAMPA SWIMMING

2. The mailing address of the corporation is: 5811 TAMPA PALMS AVENUE BLVD
TAMPA, FL 33647

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and office:

MITZI KRAMER
5811 TAMPA PALMS AVENUE

7/10/06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN 29 PM 3:51

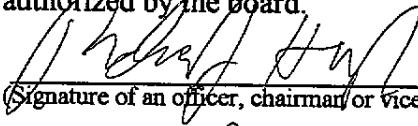
FILED

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

RICHARD J. HUG, JR
NORTH EAST TAMPA SWIMMING
5811 TAMPA PALMS BLVD, TAMPA, FL 33647

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.



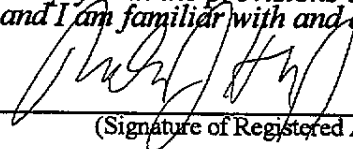
(Signature of an officer, chairman or vice chairman of the board)

1-25-99

(Date)

RICHARD J. HUG, JR, PASSIONAT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



(Signature of Registered Agent)

1-25-99

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)