09171999-90009-007-$61.25-$61.25 * 09171999-90009-008-$8.75-$8.75

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -4 PM 12:55

DOCUMENT # N98000001442

1. Corporation Name
THE TAMPA STORM KREW INC.

Principal Place of Business	Mailing Address
601 W HILLSBOROUGH AVE TAMPA FL 33603-1303	601 W HILLSBOROUGH AVE TAMPA FL 33603-1303

2. Principal Place of Business
21 4025 W. Waters Ave.
Suite, Apt. #, etc.
22 #109
City & State
23 Tampa, FL
Zip 24 33614-1976 Country 25 US

2a. Mailing Address
26 4025 W. Waters Ave.
Suite, Apt. #, etc.
27 #109
City & State
28 Tampa, FL
Zip 29 33614-1976 Country 30 US

3. Date Incorporated or Qualified
03/10/1998
4. FEI Number
59-349-6811 ☐ 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

9. Name and Address of Current Registered Agent

WELLS, GENE SR.
6205 SANDERS AVE
TAMPA FL 33611

10. Name and Address of New Registered Agent
31 Name Charles E. Simons
32 Street Address (P.O. Box Number is Not Acceptable) 4025 W. WATERS AVE #109
33
34 City Tampa FL 35 Zip Code 33614

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 Charles E Simons 8/2/99
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President D Alvin Lynn 7014 Webb Rd. Tampa, FL 33615 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Chief D Charlie Simons 7522 Clearview Dr. Tampa, FL 33634 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer T Mike Blamey 11907 Cypress Tampa, FL 33626 ☒ 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 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, with all other like empowered.

SIGNATURE: Alvin Lynn 9/2/99 813/2495966
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR OTHER OFFICER OR DIRECTOR — Alvin Lynn — Date — Daytime Phone #
Charles E Simons

SIGNATURE REQUIRED

CR2E037 (5/99)