

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Laraine B. Mortimer
Secretary of State
1900 PENINSULA BOULEVARD, 2ND FLOOR
TALLAHASSEE, FLORIDA 32301-2000

APPROVED
AND
FILED

DOCUMENT # **P93000010722 (5)**

1. CORPORATION NAME

TODAY'S OF TAMPA, INC.

55 MAY -1 AM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4508 WEST OHIO AVENUE
TAMPA FL 33614**

Mailing Address
**P.O. BOX 15035
TAMPA FL 33684
US**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Reincorporation **02/04/1993** 3a. Date of Last Report **08/11/1994**

4. FEI Number **59-3162654** Applied for ☐ Not Applicable ☐

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. State Apt. # etc. 26. State Apt. # etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 29. City & State

9. Name and Address of Current Registered Agent

**MILLS, FREDERICK J
600 NORTH FLORIDA AVENUE
SUITE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83. City
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 197.001 and 197.002, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office to the address reported on both of the plates of Florida Secretary of State. The change was authorized by the corporation's board of directors. I hereby affirm the appointment as registered agent. I am familiar with and accept the responsibilities of Section 197.001, Florida Statutes.

Notary Public

Signature of Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	PSD MONTERO, JACK F P.O. BOX 15035 TAMPA FL 33684	NAME	
STREET ADDRESS	STD MONTERO, MIRTA P.O. BOX 15035 TAMPA FL 33684	STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 197.001, Florida Statutes. I further certify that the information included 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 and filed by the officer or director of the corporation or the officer or holder empowered to execute the report as required by Chapter 600, Florida Statutes, and that my name appears on Block 1 of Block 1 of the attached with an address.

SIGNATURE: *Mirta Montero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIRTA MONTERO

4/10/95