

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000033977 (8)

1. Corporation Name

T & S REAL ESTATE, INC.



Principal Place of Business

25 SECOND ST., NORTH
SUITE 440
ST. PETERSBURG FL 33701
US

Mailing Address

25 SECOND ST., NORTH
SUITE 440
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

21 25 SECOND ST. NORTH

Suite, Apt. #, etc.

22 440

23 ST. PETERSBURG, FL

Zip

24 33701

Country

25 US

2a. Mailing Address

26 25 SECOND ST. N

Suite, Apt. #, etc.

27 440

28 ST. PETERSBURG, FL

Zip

29 33701

Country

30 US

3. Date Incorporated or Qualified
05/11/1993

3a. Date of Last Report
08/22/1995

4. FEI Number
59-3245507

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

9. Name and Address of Current Registered Agent

FELDER, BENJAMIN ESO
100 2ND AVENUE SOUTH
SUITE 400N
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (typed name)

(Print Name of Registered Agent and Signature of Receiver or Trustee)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTS
NAME HUTTON, ELIZABETH
STREET ADDRESS 25 SECOND ST., NORTH
CITY - ST - ZIP ST. PETERSBURG FL ☐ DELETE

TITLE VO
NAME BENO, ALEXANDRA
STREET ADDRESS 25 2ND ST STE 440
CITY - ST - ZIP ST PETERBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
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 ☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/96

(813) 894-5333

Daytime Phone

CR2E034 (12/95)