FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000060252 (2)**

1. Corporation Name

TAMPA TOWN FERRY, INC.

Principal Place of Business	Mailing Address
458 MARMORA AVE. TAMPA FL 33606	458 MARMORA AVE. TAMPA FL 33606

3. Date Incorporated or Qualified: **08/27/1993**

3a. Date of Last Report: **06/30/1995**

4. FEI Number: **59-3214471** ☐ 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

2. Principal Place of Business
21 801 Channelside Drive
22 Suite, Apt. #, etc.
City & State: 23 Tampa, FL
Zip: 24 33602 Country: 25 USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

KLEINMAN, LEONARD L
201 E. KENNEDY BLVD.
SUITE 1000
TAMPA FL 33602

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	MACFARLANE, PATRICIA J.		1.2 NAME	Secretary Janet Collins
STREET ADDRESS	458 MARMORA AVE.		1.3 STREET ADDRESS	120 177th Avenue West
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Redington Shores, FL 33708
TITLE	VP	☑ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME	CANNON, CRAIG B.		2.2 NAME	Barbara Owensby - Director
STREET ADDRESS	2400 N.E. 19TH AVE		2.3 STREET ADDRESS	11902 W. 82nd Terrace
CITY-ST-ZIP	WILTON MANORS FL		2.4 CITY-ST-ZIP	Lenexa, KS 66215
TITLE	D	☑ DELETE	3.1 TITLE	☐ Change ☑ Addition
NAME	SESKI, MARK		3.2 NAME	Director Mike Edwards
STREET ADDRESS	811 SOUTH BOULEVARD		3.3 STREET ADDRESS	130 Adelaide St. West, Suite 1200
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Toronto, Ont. M5H 1T8
TITLE	P	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MACFARLANE, PATRICIA J		4.2 NAME	
STREET ADDRESS	458 MARMORA AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ZILLAH, PRINCE		5.2 NAME	
STREET ADDRESS	3 CLEARMOUNT CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CATHARINES ONT.		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, TIM		6.2 NAME	
STREET ADDRESS	19 COUNAUGHT CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON		6.4 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: P. MacFarlane 3-27-96 813-223-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)