

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

801 CHANNELSIDE DR
TAMPA FL 33602
US

Mailing Address

458 MARMORA AVE.
TAMPA FL 33606-3837



3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

04/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 801 Channelside Dr, Tampa, FL 33602

27 City & State

28 Zip

29 Country

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MACFARLANE, PATRICIA J.	
STREET ADDRESS	458 MARMORA AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLINS, JANET	
STREET ADDRESS	120 177TH AVE W	
CITY - ST - ZIP	REDINGTON SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENSBY, BARBARA	
STREET ADDRESS	11902 W 82ND TERRACE	
CITY - ST - ZIP	LENEXA KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, MIKE	
STREET ADDRESS	130 ADELAIDE ST W SUITE 1200	
CITY - ST - ZIP	TORONTO ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZILLAH, PRINCE	
STREET ADDRESS	3 CLEARMOUNT CIRCLE	
CITY - ST - ZIP	ST. CATHARINES ONT.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLAHAN, TIM	
STREET ADDRESS	19 COUNAUGHT CIRCLE	
CITY - ST - ZIP	TORONTO ON	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

Patricia MacFarlane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT)

4-20-97

Date

813-254-3618

Daytime Phone #

CR2E034 (9/96)