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Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90114 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000060252

1. Corporation Name  
TAMPA TOWN FERRY, INC.

Principal Place of Business

801 CHANNELSIDE DR  
TAMPA FL 33602  
US

Mailing Address

801 CHANNELSIDE DR  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

4. FEI Number

59-3214471

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 2018  
Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 ☐ DELETE

NAME MACFARLANE, PATRICIA J.  
STREET ADDRESS 458 MARMORA AVE.  
CITY-ST-ZIP TAMPA FL

TITLE M ☐ DELETE

NAME WINCHESTER, DEBRA  
STREET ADDRESS 12112 CLEARBROOK CT  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ DELETE

NAME OWENSBY, BARBARA  
STREET ADDRESS 11902 W 82ND TERRACE  
CITY-ST-ZIP LENEXA KS

TITLE D ☐ DELETE

NAME EDWARDS, MIKE  
STREET ADDRESS 130 ADELAIDE ST W SUITE 1200  
CITY-ST-ZIP TORONTO ON

TITLE D ☐ DELETE

NAME ZILLAH, PRINCE  
STREET ADDRESS 3 CLEARMOUNT CIRCLE  
CITY-ST-ZIP ST. CATHARINES ONT.

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)