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 # **P93000062974 (9)**

1. Corporation Name

BUSINESS VENTURES OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
4625 EAST BAY DR. SUITE 305 CLEARWATER FL 34624	4625 EAST BAY DR. SUITE 305 CLEARWATER FL 34624

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

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

3. Date Incorporated or Qualified: **09/09/1993**

3a. Date of Last Report: **07/11/1995**

4. FEI Number: **59-3200114** ☐ 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**

BIEBER, RUSSELL C
4625 E. BAY DR., SUITE 305
CLEARWATER FL 34624

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: MITTS, W. CRAIG STREET ADDRESS: 8613 PINETREE DR S CITY-ST-ZIP: SEMINOLE FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: KELCOURSE, ROBERT L STREET ADDRESS: 3116 EGRET TERRACE CITY-ST-ZIP: SAFETY HARBOR FL	☒ DELETE	2.1 TITLE: V 2.2 NAME: Russell C. Bieber 2.3 STREET ADDRESS: 3111 Hyde Park Dr 2.4 CITY-ST-ZIP: Clearwater, FL 34621	☐ Change ☒ Addition
TITLE: T NAME: MITTS, W. CRAIG STREET ADDRESS: 8613 PINETREE DR S CITY-ST-ZIP: SEMINOLE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: KELCOURSE, ROBERT L STREET ADDRESS: 3116 EGRET TERRACE CITY-ST-ZIP: SEMINOLE FL	☒ DELETE	4.1 TITLE: S 4.2 NAME: Russell C. Bieber 4.3 STREET ADDRESS: 3111 Hyde Park Dr. 4.4 CITY-ST-ZIP: Clearwater, FL 34621	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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: W. Craig Mitts W. Craig Mitts 4/1/96 813-536-4568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)