

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

DOCUMENT # P93000069440 (4)

1. Corporation Name

CATALINA RESOURCES, INC.



Principal Place of Business

Mailing Address

405 N. REO ST.
SUITE 240
TAMPA FL 33630

3225 S. MACDILL AVE.
SUITE 130
TAMPA FL 33629

3. Date Incorporated or Qualified
10/06/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 220 E. Madison St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1011

27

City & State

City & State

23 Tampa, FL

28

Zip

Country

Zip

Country

24 33602 25 USA

29

30

4. FEI Number
59-3204260

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

10. Name and Address of New Registered Agent

MCNAMARA, THOMAS P
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

81 Name McNamara, Thomas P.
82 Street Address (P.O. Box Number is Not Acceptable)
2909 Bay to Bay Blvd.
83 Suite 309
84 City Tampa FL 85 Zip Code 33629

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 ☐ DELETE

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

TITLE D
NAME REED, DAVID H
STREET ADDRESS 3606 SAN PEDRO ST.
CITY-ST-ZIP TAMPA FL 33629

1.1 TITLE Director/President
1.2 NAME David H. Reed
1.3 STREET ADDRESS 4002 San Juan St.
1.4 CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Director/Treasurer
2.2 NAME Ellen M. Reed
2.3 STREET ADDRESS 4002 San Juan St.
2.4 CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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: David H. Reed 4/25/96 (813) 886-9720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)