

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000085374 (5)

1. Corporation Name

M.L. TAMPA WAREHOUSE, INC.



Principal Place of Business

Mailing Address

~~6800 CENTRAL AVE~~
~~SUITE D~~
~~ST PETERSBURG FL 33707~~

~~6800 CENTRAL AVE~~
~~SUITE D~~
~~ST PETERSBURG FL 33707~~

2. Principal Place of Business
21 P.O. Box 47565

2a. Mailing Address
26 P.O. Box 47565

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 St. Petersburg, FL 33743

27 City & State
28 St. Petersburg, FL 33743

24 Zip Country
25

29 Zip Country
30

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

04/13/1995

4. FEI Number

59-3214657

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

BALLOU, RAYMOND L

~~6800 CENTRAL AVE~~
~~SUITE D~~
~~ST PETERSBURG FL 33707~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
83 511 Sandy Hook Road

84 City
Treasure Island

FL

85 Zip
33706

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 607.1505, Florida Statutes.

SIGNATURE

[Signature] R. BALLOU APES 4-8-96

(NOTE: Registered Agent signature required when consulting)

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

12. OFFICERS AND DIRECTORS

TITLE P
NAME BALLOU, MICHAEL R.
STREET ADDRESS 6800 CENTRAL AVE., STE. D
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE VPST
NAME BALLOU, RAYMOND L.
STREET ADDRESS 6800 CENTRAL AVE., STE. D
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE AS
NAME BALLOU, LANA Y.
STREET ADDRESS 6800 CENTRAL AVE., STE. D
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. Box 47565
1.4 CITY-ST-ZIP St. Petersburg, FL 33743 (N/A)

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 511 SANDY HOOK RD
2.3 STREET ADDRESS TREASURE ISLAND, FL 33706
2.4 CITY-ST-ZIP St. Petersburg, FL 33743 (N/A)

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS P.O. Box 47565
3.4 CITY-ST-ZIP St. Petersburg, FL 33743 (N/A)

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 900001840209
5.3 STREET ADDRESS -05/28/96--01020--035
5.4 CITY-ST-ZIP ***200.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 5/1/96

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 363-8120

CR2E034 (12/95)