

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUN 20 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041033 (9)**

1. Corporation Name  
**FAMCO OF TAMPA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**4139 E BUSCH BLVD.  
TAMPA FL**                              **4139 E BUSCH BLVD.  
TAMPA FL**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		59 - 3240786		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KARPIK, FRED</b> <b>4139 E BUSCH BLVD.</b> <b>TAMPA FL</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when missing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELEN, SIGRID	1.2 NAME	
STREET ADDRESS	P.O. BOX 12 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	NOVATO CA 94948	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPIK, FRED	2.2 NAME	
STREET ADDRESS	P.O. BOX 1203 N/A	2.3 STREET ADDRESS	<b>800001519008</b>
CITY - ST - ZIP	NOVATO CA 94948	2.4 CITY - ST - ZIP	<b>-06/21/95--01033--019</b>
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPIK, RENEE	3.2 NAME	
STREET ADDRESS	P.O. BOX 1203 N/A	3.3 STREET ADDRESS	<b>***200.00 ***200.00</b>
CITY - ST - ZIP	NOVATO CA 94948	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(a), 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: *Renee Karpiak*      **RENEE KARPIAK**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **CORPORATE SECRETARY**  
Date      Expiration Year #