## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000053752 (9)

OUR GANG, INC.

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business Mailing Address 406 S MORGAN ST 406 S MORGAN ST TAMPA FL 33602 TAMPA FL 33602-5434 3. Date Incorporated or Qualified 3a. Date of Last Report 07/20/1994 07/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3257133 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution П Added to Fees 23 Zip Country Country Ζφ This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes 🔀 No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DINGLE, PHILLIP S 101 E KENNEDY BLVD SUITE 3700 Street Address (P.O. Box Number is Not Acceptable) BARNETT PLAZA 83 **TAMPA FL 33602** 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) DELETE Change Addition PD 1.1 TITLE TITLE CHENEY, ANDREA NAME 1.2 NAME CR2E034 406 S MORGAN ST 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CHTY+ST-ZIP 1.4 CITY-ST-ZIP VPD DELETE Change ☐ Addition TITLE 21 TITLE AUSEC, LANCE 22 NAME NAME 408 S MORGAN ST 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2. 4 CITY - ST - ZIP CITY-ST-ZIF STD DELETE Change Addition TITLE 3.1 TITLE KITCHENS, HILUARD NAM: 3.2 NAME 406 S MORGAN ST STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZiP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

or on an attachment with an address

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