FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 PM 1:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000061485 (6)

1. Corporate Name

TAMPA BAY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
11590 SEMINOLE BLVD LARGO FL 34648	~~11590 SEMINOLE BLVD LARGO FL 34648~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report

2. Principal Office Address	2a. Mailing Address
21	26 PO BOX 1304
Suite, Apt # etc. 22	Suite, Apt # etc. 27
City & State 23	City & State 28 LARGO, FLORIDA
Zip 24 County 25	Zip 29 34649 County 30 PINELLAS

4. FEI Number: 593268851 — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NOVAK, FRANK J
3396 HARBOR PL
LARGO FL 34640

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	NAISER, D. CRAIG	NAME	
STREET ADDRESS	1331 LACONA LN	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40213	CITY-ST-ZIP	
TITLE	VD	TITLE	☒ Change ☐ Addition
NAME	LE, CAM D	NAME	DELETE OFFICER
STREET ADDRESS	5323 NW 45 LN	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	CITY-ST-ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	NOVAK, FRANK J	NAME	
STREET ADDRESS	3396 HARBOR PL	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, 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: FRANK J. NOVAK 5-1-95 (813) 393-0640

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

0372080 CP