SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 AM 7:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000063948 (1)**

1. Corporation Name

TAMPA BAY CONNECTIONS, INC.

Principal Place of Business	Mailing Address
4820 WELLBROOK DRIVE NEW PORT RICHEY FL 34653	4820 WELLBROOK DRIVE NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 SAME	20 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3274124 ☐ 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

MOSIELLO, ENRICO
4229 10TH AVE. N.
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: ENRICO MOSIELLO
82 Street Address (P.O. Box Number is Not Acceptable): 4820 WELLBROOK DR
83 City: NEW PORT RICHEY 84 FL 85 Zip Code: 34653

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: Enrico Mosiello - PRESIDENT DATE: 7-20-95
(Signature, Title(s) 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		
TITLE	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MOSIELLO, ENRICO	12 NAME	ENRICO MOSIELLO	
STREET ADDRESS	4229 10TH AVE. N.	13 STREET ADDRESS	4820 WELLBROOK DR	
CITY ST ZIP	ST. PETERSBURG FL 33713	14 CITY ST ZIP	NEW PORT RICHEY, FL. 34653	
TITLE		21 TITLE	Secretary, V.P.	☐ Change ☒ Addition
NAME		22 NAME	PAUL M. HILLIER	
STREET ADDRESS		23 STREET ADDRESS	6923 N. Cois Ave.	
CITY ST ZIP		24 CITY ST ZIP	Tampa, FL. 33614	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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: Enrico Mosiello Enrico Mosiello III 7-21-95 813-515-4836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0168061 FP