

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000063988 (7)

1. Corporation Name

TAMPA BAY TRANSPORT, INC.

Principal Place of Business

**1700-D HERCULES
CLEARWATER FL 34625
US**

Mailing Address

**1700-N HERCULES
CLEARWATER FL 34625-1139
US**

2. Principal Place of Business

21 927 CLEVELAND ST.

Suite, Apt. #, etc.

**22 City & State
CLEARWATER FL**

Zip

24 34615

Country

25 USA

2a. Mailing Address

26 P.O. Box 1436

Suite, Apt. #, etc.

**27 City & State
CLEARWATER FL**

Zip

29 34617

Country

30 USA

9. Name and Address of Current Registered Agent

**WARADY, KIMBERLY
3233 OAKWOOD PLACE
TARPOON SPRINGS FL 34689**

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3265302

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

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME BENJAMIN, ALBERT
STREET ADDRESS 2140 MURFIELD WAY
CITY-ST-ZIP OLDSMAR FL 34677**

TITLE ☐ DELETE

**D
NAME BENJAMIN, MILDRED
STREET ADDRESS 2140 MURFIELD WAY
CITY-ST-ZIP OLDSMAR FL 34677**

TITLE ☐ DELETE

**P
NAME WARADY, KIMBERLY
STREET ADDRESS 3233 OAKWOOD PLACE
CITY-ST-ZIP TARPOON SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E034 (9/96)

FILED
May 02 1997 8:00am
Secretary of State

