

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000066193 (1)**

1. Corporation Name

**DRAGON SLAYER OF TAMPA, INC.**



Principal Place of Business

**815 CRENSHAW LAKE ROAD  
LUTZ FL 33549**

Mailing Address

**815 CRENSHAW LAKE ROAD  
LUTZ FL 33549**

3. Date Incorporated or Qualified

**09/06/1994**

3a. Date of Last Report

**06/23/1995**

2. Principal Place of Business

2a. Mailing Address

**21 11 222 Glenbrook**

**26 11222 Glenbrook**

4. FEI Number

**59-3267321**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 Riverview FL**

**28 Riverview FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

**24 33565 25 Hills**

**29 33565 30 Hills**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PYLE, JAMES JR**

**815 CRENSHAW LAKE ROAD  
LUTZ FL 33549**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**11222 Glenbrook**

83

84 City

**Riverview**

**FL**

85 Zip Code

**33565**

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 the applicable

Initials Registered Agent signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **VO** ☐ DELETE  
NAME **PYLE, JAMES JR**  
STREET ADDRESS **P.O. BOX 688 N/A**  
CITY-ST-ZIP **MANGO FL 33550**

TITLE **P** ☒ DELETE  
NAME **MILLER, KIMBERLY D**  
STREET ADDRESS **815 CRENSHAW LAKE ROAD**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **11222 Glenbrook**  
1.4 CITY-ST-ZIP **Riverview FL 33565** ☐ Change ☐ Addition

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Prew*

**5/14/96**

**(813)671-2276**

CR2E034 (12/95)