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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000066308 (5)

THE YBOR STORE, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State



51 1 151	7.B. :	Nacional Address -	·			48 <b>60 0</b> 0100 01131 00101 1011 1051
Principal Place of Business Mailing Address						
1717 EAST 7T TAMPA FL 330		1726 E 7 AVE TAMPA FL 33605		DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified	
					09/09/1994	
2. Principa! Pi	ace of Business	2a, Mailing Address	•		4. FEI Number	Applied For
21 /20	1505 E. PALM AVE 26				59-3268708	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 Mmost, EL 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zqo	Countr	у	8. This corporation owes or has paid the o	
24 336		29	30		Personal Property Tax due June 30.	Yes No
	<ul> <li>Name and Address of Current</li> </ul>	it Registered Agent	81		10. Name and Address of New Registere	d Agent
GUYON, BARBARA B				Name G	TUYTON, BARBARA	<b>3</b> .
1728 E 7TH AVE				Street Add	ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33605						
			83	3		
			84	City		85 Zip Code
				<u> </u>	F	<b>∟</b>
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						
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 Storage traced or protect more of restricted agent and title if at pleable (NDT) Registered Agent signature required when reinstating)  DATE						
	Signature, typed or printed name of received a signature. OF FICERS AN		13.	jent signature requi	ired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	
12.	PD OFFICE AS AIN	DELETE	1,1 T(TLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	GUYTON, BARBARA B		1.2 NAME			
STREET ADDRESS	1726 E 7 AVE			1 ADDRESS		
	TAMPA FL 33605		1.4 CITY -	1		
CITY-ST-ZIP TITLE	VTD	DELETE	2.1 TITLE	31-211		Change Addition
NAME	4.		2.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- 1		
TITLE		DELETE 3.1 T			<u> </u>	Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS	•		3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4 CITY	1		İ
TITLE		☐ OFLETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CiTy -	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST-ZIP			5.4 CiTY -	S1 - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY	S1-7IP		
	notify that the information cumplical w	ith this filing doos not conlife to	or the ever	ntion stated in	Section 119 07/3)(i) Florida Statutes, Lifurther	certify that the information

indicated on this annual report or supplies with this ining does not quality for the exemption stated in occurrent in opening in 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 regover 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 arbetiment with an address.