

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082775 (5)

1. Corporation Name

DAMBRA COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/09/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12003 W. Pond Way

26 12003 W. Pond Way

4. FEI Number

59-3275639

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMPA, FL

27 City & State

28 TAMPA, FL

24 Zip

33615

25 Country

Hillsborough

29 Zip

33615

30 Country

Hillsborough

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

**DAMBRA, NICHOLAS A
9114 SUFFIELD COURT
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12003 W. Pond Way

83

84 City
TAMPA, FL.

FL

85 Zip Code
33615

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

NICHOLAS A. DAMBRA 4/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**President
Judith Dambr
12003 W. Pond way
Tampa FL 33615**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**Vice-President
Nicholas Dambr
12003 W. Pond way
Tampa, FL 33615**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 custodian 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

Date

Signature #

4/24/95 (813) 887-8820