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FILED
Jun 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000024609 (6)

1. Corporation Name

TAMPA BAY EXPERIENCE, INC.



Principal Place of Business

355 TAHO LANE
VALRICO FL 33594

Mailing Address

355 TAHO LANE
VALRICO FL 33594-3555

2. Principal Place of Business

21 117 Strawberry Ridge Blvd.

Suite, Apt. #, etc.

22 City & State

23 Valrico, FL.

24 Zip 33594

Country

25 Hillsborough

2a. Mailing Address

26 117 Strawberry Ridge Blvd.

Suite, Apt. #, etc.

27 City & State

28 Valrico, FL.

29 Zip 33594

Country

30 Hillsborough

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

08/07/1996

4. FEI Number

59-3315087

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

ADDAMS, KARIN L
355 TAHO LANE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

~~Karin L.~~ ADDAMS, KARIN L.

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

117 Strawberry Ridge Blvd.

83

84 City

Valrico

FL

85 Zip Code

33594

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ADDAMS, KARIN L

STREET ADDRESS 355 TAHO LANE

CITY-ST-ZIP VALRICO FL 33594

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

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 D ☒ Change ☐ Addition

1.2 NAME ADDAMS, KARIN L.

1.3 STREET ADDRESS 117 Strawberry Ridge Blvd.

1.4 CITY-ST-ZIP VALRICO, FL. 33594

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.

-653-2552

CR2E034 (9/96)