FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000064768 (1)**

1. Corporation Name

SOUTH BAY TEMPORARIES, INC.

Principal Place of Business	Mailing Address
325 SOUTH BOULEVARD TAMPA FL 33606	325 SOUTH BOULEVARD TAMPA FL 33606

3. Date Incorporated or Qualified: 08/22/1995 | 3a. Date of Last Report:

2. Principal Place of Business
21 200 FRANDORSON CIR
22 Suite, Apt. #, etc.: Suite 208
23 City & State: Apollo Beach, FL.
24 Zip: 33572 25 County: Hillsborough

2a. Mailing Address
26 200 FRANDORSON CIR.
27 Suite, Apt. #, etc.: Suite 208
28 City & State: Apollo Beach, FL.
29 Zip: 33572 30 County: Hillsborough

4. FEI Number: 65-0610807 ☐ 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

PETERSON, MICHAEL L ESQ.
MOLLOY, JAMES & PETERSON
325 SOUTH BOULEVARD
TAMPA FL 33606

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 Section 607.0502 and 607.1506, 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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	Sec. Tres.	☐ Change ☑ Addition
NAME	BARRY SAMSON		1.2 NAME	BARRY SAMSON	
STREET ADDRESS	745 FLAMINGO DR		1.3 STREET ADDRESS	745 FLAMINGO DR	
CITY-ST-ZIP	APOLLO BEACH, FL. 33572		1.4 CITY-ST-ZIP	APOLLO BEACH, FL. 33572	
TITLE	Sec.-Tres.	☐ DELETE	2.1 TITLE	President	☐ Change ☐ Addition
NAME	BARRY SAMSON		2.2 NAME	BARRY SAMSON	
STREET ADDRESS	745 FLAMINGO DR		2.3 STREET ADDRESS	745 FLAMINGO DR	
CITY-ST-ZIP	APOLLO BEACH, FL. 33572		2.4 CITY-ST-ZIP	APOLLO BEACH, 33572	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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.

SIGNATURE: Barry A. Samson BARRY SAMSON 2-14-96 (813) 6412900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)