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PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 DEC 20 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000093865 (0)**

1. Corporation Name
FRESH START OF TAMPA BAY, INC.

REINSTATEMENT 9600

Principal Place of Business	Mailing Address
1801 MULBERRY DRIVE TAMPA FL 33604	1801 MULBERRY DRIVE TAMPA FL 33604

3. Date Incorporated or Qualified: 12/08/1995
3a. Date of Last Report: 12-8-95

2. Principal Place of Business
21: 5901 N. FLORIDA AVE
22: Suite, Apt. #, etc.
23: City & State: TAMPA FL
24: Zip: 33604
25: Country: HILLSBOROUGH

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3359441 ☐ 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

VALLEE, SEAN C
1801 MULBERRY DRIVE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name: ALFRED R VALLEE
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5901 N. FLORIDA AVE
84 City: TAMPA FL 85 Zip Code: 33604

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: Alfred R Vallee — ALFRED R VALLEE — 2-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALLEE, SEAN C 1801 MULBERRY DRIVE TAMPA FL 33604	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P ALFRED R VALLEE 646 LAKEMOUNT DR BRANDON FL 33570	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ALFRED A VALLEE 646 LAKEMOUNT DR. BRANDON FL 33510	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY-T AMELIA R PICKFORD 1915 W ORIENTS ST. TAMPA FL 33607	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S-T AMELIA R PICKFORD 1915 ORIENTS ST TAMPA FL 33604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	000002036610--0 -12/24/96--01047--012 ****375.00 ****375.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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 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: Alfred R Vallee — 12-13-95 — 813-237-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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