

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

FILED

Mar 18 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 # P96000023681 (5)

1. Corporation Name

L & S PROPERTIES OF TAMPA BAY, INC.

Principal Place of Business

801 S. ORLEANS ST.  
TAMPA FL 33606

Mailing Address

801 S. ORLEANS ST.  
TAMPA FL 33606-2938



3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3371299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

JOYCE, JERRY L  
204 N MACDILL AVE  
TAMPA FL 33609

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 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                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SMITH, FRANCIS S    |  |
| STREET ADDRESS | 1104 W WOODLAWN AVE |  |
| CITY- ST- ZIP  | TAMPA FL 33603      |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY- ST- ZIP  |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY- ST- ZIP  |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY- ST- ZIP  |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY- ST- ZIP  |                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | P, S, T             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Mark L. Lundy       |  |
| 1.3 STREET ADDRESS | 801 S. ORLEANS AVE. |  |
| 1.4 CITY- ST- ZIP  | Tampa, FL 33606     |  |
| 2.1 TITLE          | VP                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Smith, Francis S    |  |
| 2.3 STREET ADDRESS | 917 W. Indiana      |  |
| 2.4 CITY- ST- ZIP  | Tampa, FL 33622     |  |
| 3.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                     |  |
| 3.3 STREET ADDRESS |                     |  |
| 3.4 CITY- ST- ZIP  |                     |  |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |  |
| 4.3 STREET ADDRESS |                     |  |
| 4.4 CITY- ST- ZIP  |                     |  |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |  |
| 5.3 STREET ADDRESS |                     |  |
| 5.4 CITY- ST- ZIP  |                     |  |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

Mark L. Lundy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97

813/258-3251

Date

Daytime Phone

CR2E034 (9/96)