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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089641 (0)

TAMPA BAY DEVIL RAYS CONSTRUCTION, INC.

**FILED** May 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing A	ddress	-,			I (COMMON THE INTER OTHER DESIGNATION OF THE SOURCE STATE OF THE STATE
ONE TROPICA TROPICANA F ST. PETERSBI	HELD	TROPICA	ONE TROPICANA DRIVE TROPICANA FIELD ST. PETERSBURG FL 33705				DO NOT WRITE IN THIS SPACE
		-					3. Date Incorporated or Qualified
A Dringing O	ace of Business	2a. Mailin	o Address	<del></del>			10/31/1996 4. FEI Number 59 - 3436744 Applied For
21	ace of Eusiness	26	gramou				Not Applicable
Sulte, Apt.	#, etc.		Apt. #, etc.		-		5. Certificate of Status Desired S8.75 Additional
22		27					Fee Required
City & State	9	_ <del> </del>	City & State				6. Election Campaign Financing \$5.00 May Be
23 Zin	Coupley	28 710	Zip Country				Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
Zip 24	25	— — — — — — — — — — — — — — — — — — —		30	ниу		Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current Registered Agent		199	Γ-		10. Name and Address of New Registered Agent	
HIG	GINS, JOHN P		· · · · · · · · · · · · · · · · · · ·		81	Name	
	E TROPICANA DRIVE					Street Add	dress (P.O. Box Number is Not Acceptable)
	OPICANA FIELD				20		
ST.	PETERSBURG FL 33705				83		
					84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607.150	8. Florida Statu	tes, the al	bove	-named cor	coration 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 ag	ent and the it applica	tale (NO	E Registere	d Age	ni signature req.	iired when reinstating DATE
12.		ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>DPC</b> DELETE		1.1 TI	1.1 TITLE		Change Addition	
NAME	NAIMOLI, VINCENT J		1.2 N		AME		
STREET ADDRESS	ONE TROPICANA DRIVE			1.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705		1.4 CI DELETE 2.1 TI		TY-S	T-7IP	Change Addition
TITLE	VPS HIGGINS, JOHN P		211)				
NAME Street address	ONE TROPICANA DR					ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705				2.4 CITY-ST-ZIP		*** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	VPT		DELETE	3.1 TITLE			Change Addition
NAME	NAIMOLI, RAYMOND		3.2 N		AME	ĺ	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705					ST-ZIP	Change Addition
TITLE			T DEFEIR	. 4.1 Ti		1	Change C Adollion
NAME CTOCK ADDOCCC	4					ADDRESS	
STREET ADDRESS CITY-ST-ZIP					ITY-S		
TITLE			5.1 TI		, <u></u>	Change Addition	
NAME				5.2 N	AMÉ		
STREET ADDRESS				5.3 S	TREE1	ADDRESS	
CITY-ST-ZIP					4 CITY-ST-ZIP		D [] (420)-
TITLE	DELETE		1	61 1IILE		Change Addition	
NAME				62 N		I DEDUCCE	
STREET ADDRESS				- 1	TREET ITY-S	ADDRESS	
City-St-ZiP	certify that the information supplied v	with this filing d	pes not qualify	or the ex	emp	tion stated i	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annual report or supplement	lal annual repor	t is true and ac	curate an	d th	at my signal	ture shall have the same legal effect as if made under oath; that I am an

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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!