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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093346

1. Corporation Name

NEW TAMPA IMPROVEMENT DISTRICT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 401 PROVIDENCE ROAD BRANDON FL 33511 | 401 PROVIDENCE ROAD BRANDON FL 33511 |
| | , |

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90129 045 ***150.00

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| Principal Place | e of Business | M | ailing Address | | | - <u></u> | r råderfäller ern statte fittli mutes manti galte ann | - 18198 (118 | . | | |
| 401 PROVIDENCE ROAD BRANDON FL 33511 401 PROVIDENCE ROAD BRANDON FL 33511 | | | | | | | | o or : | | | |
| | | | | | | | DO NOT WRITE IN TH | S SPACE | : | | |
| | | | , | | | | 3. Date Incorporated or Qualifed 11/13/1996 | | <u>.</u> | | |
| Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Number | <u> </u> | + | lied For | |
| 21 | | 26 | | | | | 59-3410521 | | | Applicable | |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | 9 | | City & State | | | | 6. Election Campaign Financing | | | May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution | Ad | ded to | Fees | |
| Zip | Country | | Zip | Coun | itry | | 8. This corporation owes the current year i | | r | - , | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | √ Yes | | □No | |
| | 9. Name and Address of Curre | nt Regis | tered Agent | | 81 | A 1 | 10. Name and Address of New Registere | Agent | | | |
| ING | IC IOHN C | | | ľ | 81 | Name | • | | | 1 | |
| inglis, John S Shumaker, Loop & Kendrick, LLP | | | | 1 | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| 1 | E KENNEDY BLVD #2800 | | | 1 | 83 | | | | | | |
| TAM | PA FL 33602 | | | Ī | 84 | City | F | 85 | Zip C | ode | |
| office or re agent. I as SIGNATURE | egistered agent, or both, in the State m familiar with, and accept the oblig. | of Floric ations of | da. Such change was a , Section 607.0505, Flo | uthorized rida Statul | by t tes. | the corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the app | ointment : | as reg | istered | |
| | Signature, typed or printed name of registered age | ent and title | rrappicable. (NOIE | Registered # | Manu: | signature required | c when temprating) | | | í | |
| 12. | | NO DIRE | CTORS | 13 | | | ADDITIONS/CHANGES TO DEFICERS | ND DIRE | CTOF | S IN 12 | |
| TITLE | OFFICERS A | ND DIRE | | 13. | £ | | ADDITIONS/CHANGES TO OFFICERS | ND DIRE | | RS IN 12 | |
| TITLE | D | ND DIRE | CTORS DELETE | 1.1 TITL | | | ADDITIONS/CHANGES TO OFFICERS | | | | |
| NAME | D KINSLER, WARREN | ND DIRE | | 1.1 TITL 1.2 NAM | AE. | ADDRESS | ADDITIONS/CHANGES TO OFFICERS | | | | |
| NAME STREET ADDRESS | D KINSLER, WARREN 401 PROVIDENCE ROAD | ND DIRE | | 1.1 TITL 1.2 NAM 1.3 STR | AE. Reet A | ADDRESS | ADDITIONS/CHANGES TO OFFICERS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D KINSLER, WARREN 401 PROVIDENCE ROAD BRANDON FL 33511 | ND DIRE | | 1.1 TITL 1.2 NAM | ME. REET / Y-ST- | | ADDITIONS/CHANGES TO OFFICERS | | inge | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D KINSLER, WARREN 401 PROVIDENCE ROAD BRANDON FL 33511 D WILF, LEONARD | ND DIRE | [] DELETE | 1.3 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM | ME. REET / Y-ST- LE ME | -ZIP | ADDITIONS/CHANGES TO OFFICERS | ☐ Cha | inge | Addition | |
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14. I hereby certify that the information supplied with this fling 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 supplied that it 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 received of 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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Directo: