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 # P9700005047 (0)

TAMPA BAY PENSION GROUP, INC.

		.			
Principal Plac	ce of Business	Mailing Address		- I DORIDOR IIO HAIN IOAN ODNI ORIN ORIN ORIN ORIN ORIN ORIN ORIN OR	
4830 WEST K	KENNEDY BLVD.	4830 WEST KENNEDY BLVD.			
SUITE 590 TAMPA FL 33609		SUITE 590 TAMPA FL 33609		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/13/1997	
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For	
21		26		59-3416836 Not Applicate	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & Stat	e	Crty & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 9, Name and Address of Curren	29 29 Agent	30	Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
		it riogistores Agent	81 Name	10. Harrie Bilo Address of New Registered Agent	
	ESTNUT, HURDIS F			ojian, Raymond G. Address (P.O. Box Number is Not Acceptable)	
1	4830 WEST KENNEDY BLVD. 82 Street Addres 4830 W.			Address (P.O. Box Number is Not Acceptable) No. Kennedy Blyd.	
	MPA-FL-33609		83	w. Kennedy BIVG.	
- 1747	MPA TE 33009			e 590	
			84 City Tamp	85 Zip Code	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-named	compration submits this statement for the purpose of changing its registere	
office or r	ogistered agent, or both, in the State	of Florida, Such change wa stions of Section 607,0505	s authorized by the corp	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Y /			1/2/22	
SIGNATORE	power typod or printer name of registered age	nt and life if poplicable (N	Raymond G. OII: Registered Agent signature	required when reinstating) [3A16	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TUTE		[_] DELETE	1.1 TITLE	President / Director Change 🖾 Addition	
NAME			. 1.2 NAME	Boorojian, Raymond G.	
STREET ADDRESS			1.3 STREET ADDRESS	18101 Peregrines Perch	
CITY-ST-7IP		DELETE	1.4 CITY-S1-7IP	Lutz, FL 33549	
TITLE		L_J Dett it	21 THLE	Vice President/Secretary/Director	
NAME DEDECT LERDS OF			2.2 NAME	Choate, James S.	
STREET ADDRESS			2.3 STREET ADDRESS	5020 Bayshore Blvd. # 703	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Tampa, FL 33611 Vice President / Dan Change X Addition	
NAME		- PILLIE	3.2 NAME	TEGILIENT / DITECTOR	
STREET ADDRESS			3.3 STREET ADDRESS	Millsaps, James M. 8314 Civic Rd.	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Tampa, FL 33615	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE	Tampa, FL 33615	
NAME			4. 2 NAME	ONNINGO AUDITO	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7#P			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TOLE	Change Additio	
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE		☐ DELETE	61 TILLE	Change Additio	
NAME			6.2 NAME		
STREET ADDRESS		•	6.3 STREET ADDRESS		

14. Thereby 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.

FILED

Jan 20 1998 8:00am

Secretary of State