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

PROFIT CORPORATION ANNUAL REPORT

**19**98

一年 一十十二年

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700061690 (8)

TAMPA BAY CANDLE COMPANY, INC.

Principal Place of Business Mailing Address 14005 CHERRY LAKE DR 14005 CHERRY LAKE DR TAMPA FL 33618 TAMPA FL 33618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For P.O. 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intaggible U. S.A 25 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 HARRIGAN, MARK 14005 CHERRY LAKE DR 82 ess (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 83 84 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 gent and title if applicable (NOTE flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE HARRIGAN, MARK NAME 1.2 NAME 14005 CHERRY LAKE DR STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I 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 eath; 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.

61 DITE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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DELETE