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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90195 007 ***150.00

DOCUMENT # P97000091628

1. Corporation	Hamo					į.				
TAMPA SOUTH CORPORATION										
Principal Place	of Business		Mailing Address	<u> </u>			 			
•			1510 S. CLARK							
1510 S. CLARK TAMPA FL 3362	TAMPA FL 33629									
								RITE IN THIS	SPACE	-
						1	3. Date Incorporated or Qualifect	. t		Į
							<u> 10/23/1997</u>			
2. Principal Pl	lace of Business		2a. Mailing Add	Iress			4. FEI Number			plied For
21			26				<u>59-3484388</u>			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22			27							<u> </u>
City & State			City & State	— ·			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Co	untry	Zip		Country		8. This corporation owes the cu	rrent year Inta		_
24	25		29	30	0		Personal Property Tax.			□No
	9. Name and A	dress of Curre	nt Registered Agent				Name and Address of New	Registered A	gent	
					81 Name	Ge	rald W. Bobi	er Jr.		
PEACOCK, SUZANNE							(P.O. Box Number is Not Accep			
4014 WATROUS AVE.						035		<u>:. Ś.</u>		
−; TAM	PA FL 33629				83					
					84 City_			FL	85 Zip C	ode 3629
11. Pursuant	to the provisions of	Sections 607.050	2 and 607.1508, Flor	rida Statutes,	the above-named	d corpora	tion submits this statement for the	e purpose of c	hanging its	registered
office or re	enistered agent or l	ooth in the State	of Florida. Such char ations of, Section 607	nge was auth	orized by the com	poration's	board of directors. I hereby according	ept the appoin	tment as rec	istered
	~	accept the obliga			Bobier J	מכו		1-19-	99	41-13-
SIGNATURE	Signature, typed or printed	name of registered age		(NOTE: Re	egistered Agent signature	e required wh		DATE	.\	-
12.		v	ND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	Р			DELETE	1.1 TITLE	VICE	President		☐ Change	Addition
NAME	PEACOCK, SUZANNE				1.2 NAME	Ger	ald w. Bobies 5	J.S.		-
STREET ADDRESS	4014 WATROUS	S AVE.			1.3 STREET ADDRESS	S 103	s s. Sterling A	vc.		
CITY-ST-ZIP	TAMPA FL 3362	9			14 CITY-ST-ZIP	TA	104 FL 33629			
TITLE				DELETE	2.1 TITLE				Change	☐ Addition
NAME					2.2 NAME		·			
STREET ADDRESS					2.3 STREET ADDRESS	s				
CITY-ST-ZIP					2. 4 CITY-ST-ZIP			-		
TITLE			1	DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME					3.2 NAME			. <u>-</u>		
STREET ADDRESS					3.3 STREET ADDRESS	s				
CITY-ST-ZIP					34. CITY-ST-ZIP					
TITLE				DELETE	4.1 TITLE		 -		Change	☐ Addition
NAME					4. 2 NAME				_	·
STREET ADDRESS					4.3 STREET ADDRESS	s				

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 suppliemental 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

51 TIDE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Bacock Bolov 1-19-99

Change

Change

☐ Addition

☐ Addition