## 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

## DOCUMENT # **P98000085506**1. Corporation Name

TAMPA BAY DAVENPORT INC.

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90009 046 \*\*\*150.00



Principal Place of Business	Mailing Address		I INBUINDS II DANNI INIUS DRINI ARINI ARINI ARINI	Te imimi milds milli multm mill somi
1005 GULF BLVD SUITE 401 INDIAN ROCKS BCH FL 33785	1005 GULF BLVD SUITE 401 INDIAN ROCKS BCH FL 33785		DO NOT WRITE IN TH	IS SDACE
			3. Date Incorporated or Qualified	3 SPACE
·		•	10/05/1998	
2. Principal Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
na l	26 10801 75 Ste	oof N.	59 - 3536847	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28 Largo FL	orida	Trust Fund Contribution	Added to Fees
Zip Country		Country	8. This corporation owes the current year I	ntangible
24 25	29 33777 30	linelles	Personal Property Tax.	☐ Yes     X No
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registere	d Agent
		81 Name		
KHIN, ALI H 1005 GULF BLVD., SUITE 401		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
INDIAN ROCKS BCH FL 33785		83		
		84 City	F	-
office or registered agent or hoth in the	7.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authori obligations of, Section 607.0505, Florida S	zed by the corbol	orporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE			<u> </u>	
Signature, typed or printed name of registe		ered Agent signature red		NID DIDECTORS (N) 40
		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TILE	<del>-</del> "	1 TITLE	JEFEREY P. Curtis	Clarido Eventual.
NAME	1	2 NAME	8694, Oakdale Read	
STREET ADDRESS		3 STREET ADDRESS	1219 FL 33777	
CITY-ST-ZIP		4 CITY-ST-ZIP	100go, 10 331()	Change Addition
TITLE	_	2 NAME	U .	
NAME	4	3 STREET ADDRESS	w	
STREET ADDRESS		4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		1 TITLE		☐ Change ☐ Addition
NAME	<del>_</del>	2 NAME		
STREET ADDRESS	1	3 STREET ADDRESS		
CITY-ST-ZIP		4. CITY-ST-ZIP		
TITLE		1 TITLE		☐ Change ☐ Addition
NAME	4.	.2 NAME		
STREET ADDRESS	4	3 STREET ADDRESS		
CITY-ST-ZIP	1	4 CITY-ST-ZIP		
TITLE		1 TITLE		☐ Change ☐ Addition
NAME	5.	2 NAME	. •	
STREET ADDRESS	5.	.3 STREET ADDRESS		
CITY-ST-ZIP	5.	4 CITY-ST-ZIP		
TITLE FASS TAS CALL AS AN ENGAGE SAME SAME AND	☐ DELETE 6.	1 TIΠLE		☐ Change ☐ Addition
NAME AND STREET THE	. · · · · · · · · · · · · · · · · · · ·	.2 NAME		
STREET ADDRESS	6.	3 STREET ADORESS		ļ
CITY-ST-ZIP	6.	.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 oath; that I am an officer or director of the comparation of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: