

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

FILED

Feb 26 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **S65976**

(0)

1. Corporation Name

TAMPA BAY SKATING ACADEMY, INC.

Principal Place of Business

**251 LAKEVIEW DRIVE
OLDSMAR FL 34677**

Mailing Address

**251 LAKEVIEW DRIVE
OLDSMAR FL 34677-4593**

3. Date Incorporated or Qualified

07/09/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3099220

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75**

Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KING, KENNETH L
2653 MCCORMICK DR
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2623 McCormick Drive - Suite 101

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KING, KENNETH L.	
STREET ADDRESS	2653 MCCORMICK DR.	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROACH, DOUGLAS D.	
STREET ADDRESS	2653 MCCORMICK DRIVE	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	GRAS, JOSEPH P., JR.	
STREET ADDRESS	2653 MCCORMICK DRIVE	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	YOUNG, PATRICIA J.	
STREET ADDRESS	251 LAKEVIEW DRIVE	
CITY - ST - ZIP	OLDSMAR FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2623 McCormick Drive - Suite 101
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2623 McCormick Drive - Suite 101
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2623 McCormick Drive - Suite 101
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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.

SIGNATURE:

Kenneth L. King 2/11/97 813-791-1247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)