## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

A CONTINUE DE COMO CONTRA DISTRIBUIRDO DI CONTRA DE CONT

RAYMOND SROWO IT 4/22/9/ 8357226

1996

SIGNATURE:

S95130

(8)

DOCUMENT # S
1. Corporation Name
RABO OF TAMPA, INC.

Principal Place of Business Mailing Address					
6211 SOUTH DALE MABRY APT. 15 TAMPA FL 33611		6211 SOUTH DALE MABRY APT. 15 TAMPA FL 33611		3. Date Incorporated or Qualified	
		10M12 1E 00011	[NRI 1. 1 2 4 4 4 1 1		3a. Date of Last Report 02/14/1995
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-3106300	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New I	недізсегео жуепс
חמב חמ	DECNI			ress (P.O. Box Number is Not Accepta	ue JR
DOE, DOREEN 6541 4TH STREET NORTH				ress (P.O. Box Number is Not Accepta	14 s <del>4</del> \$ .
	RSBURG FL 33702		83	- A A	
			84 City	mp A	85 Zip Code
			,		FL   336/6
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named corpored by the corporation's boa	ration submits this statement for the pure of directors. Thereby accept the app	rpose of changing its registered office cointment as registered agent. I am
familiar wi	th, and accept the obligations of, Se	ction 607,0505, Florida Statutes.	·		- Control of the cont
SIGNATURE: .	Kaymond SK		imend 5, R	owe TR.	DATE
12.	Signature typed or printed name of registered ago	ent and title if appreciate (NF.	1E: Registered Agent signature require 13.		FICERS AND DIRECTORS IN 12
1016	DPT	DELETE	1 1 TITLE		Change Addition
NAME	ROWE, RAYMOND S., JR.		1.2 NAME		
STREET ADDRESS	4421 FARVIEW HEIGHTS		1.3 STREET ADDRESS		
CITY - S1 - ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2 1 TITLE		Change Addition
NAME	RUMBOUGH, POLLY		2.2 NAME		
STREFT ADDRESS	8020 INTERBAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	2 4 CITY - ST - ZIP 3. 1 TITLE		Change Addition
TITLE			3.2 NAME		
NAME STREET ADDRESS			33 STREET ADDRESS		
CITY-S1-2IP			3 4 CITY-ST-ZIP		
TILE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		Charter C Add'the
TITLE		DÉLE1E	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S?-ZIP TITLE		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME		C 4	62 NAME		<del>-</del> - <del>-</del>
STREET ADDRESS			6 3 STREET ADDRESS		
CITY, ST. 7IP			6.4 C/TY - ST - 7/P		
14. I do heret	a atra indramantina in dipote di a a thio pe	soud rocort or gundologicatel and	mai roport is tous and accur	for the exemption stated in Section 11 ate and that my signature shall have the	e same legal energ as il made under
l cath: that	Lan: an officer or director of the cor	moration or the receiver or truste	e empowered to execute tr	his report as required by Chapter 607, I	Florida Statutes; and that my name
appears it	n Block 12 or Block 13 if changed, o	or on an attachment with an add	ress.		e/13