

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V07197 (9)

1. Corporation Name

THE SHEPHERDS GUIDE OF TAMPA BAY, INC.

Principal Place of Business

1850 PINELAND DRIVE
CLEARWATER FL 34615

Mailing Address

1850 PINELAND DRIVE
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1992

3a. Date of Last Report

02/25/1994

2. Principal Place of Business

21 3322 SAN DOMINGO ST

2a. Mailing Address

26 P.O. Box 1426

4. FEI Number

59-3103798

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 CLEARWATER FLORIDA

City & State

27 SAFETY HARBOR FLORIDA

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 34619

Country

25 PINELLAS

Zip

29 34695

Country

30 PINELLAS

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, TAMARA
1850 PINELAND DRIVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

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

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

Tamara Smith (TAMARA SMITH) PRESIDENT

4-20-95

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

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME SMITH, TAMARA
STREET ADDRESS 1850 PINELAND DRIVE
CITY - ST - ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

3322 SAN DOMINGO ST
CLEARWATER FL 34619

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Tamara Smith TAMARA SMITH

4-20-95

813-799-4971

(Signature, typed or printed name of signing officer or director)

(Date)

(Telephone Number)