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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 20 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20072 (7)

1. Corporation Name
TAMPA NATIVE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4806 SHIRLEY DR.<br>TAMPA FL 33603<br>US | 4806 SHIRLEY DR.<br>TAMPA FL 33603<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 10706 LAKE CARROLL WAY
22: Suite, Apt. #, etc.
23: City & State: TAMPA, FLORIDA
24: Zip: 33618 25: Country: U.S.

2a. Mailing Address
26: PO BOX 272281
27: Suite, Apt. #, etc.
28: City & State: TAMPA, FLORIDA
29: Zip: 33688-2281 30: Country: U.S.

4. FEI Number: 59-3110641 ☐ 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 Fees

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

9. Name and Address of Current Registered Agent

TESTON, JOE M.
4806 SHIRLEY DR
TAMPA FL 33603

10. Name and Address of New Registered Agent

91 Name: TESTON, JOE M.
92 Street Address (P.O. Box Number is Not Acceptable): 10706 LAKE CARROLL WAY
93:
94 City: TAMPA FL 95 Zip Code: 33618

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: JOE M. TESTON — 4/17/95
Signature, typed or printed name of registered agent and title if applicable. (SIGNATURE, if Registered Agent is required when reinstating) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | TESTON, JOE M. | 1.2 NAME | |
| STREET ADDRESS | 4806 SHIRLEY DR | 1.3 STREET ADDRESS | 10706 LAKE CARROLL WAY |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | TAMPA, FLORIDA 33618 |
| TITLE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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: JOE M. TESTON DIRECTOR. 4/17/95 (813) 238-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448444 FP