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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # VUS896

TAMPA WHOLESALE NEON INC.

FILED	
May 19 1997 8:00an	
Secretary of State	

Principal Place of Business	Mailing Address]	
1923 N. 60 ST.	Po Box	79086		
Suite A			3. Date Incorporated or Qualified	3a. Date of Last Report
, Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59 - 31478	87 Applied For Not Applica
Suite Act # etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State TAMPA R.	City & State	R.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _{1D} Country 25	Zip 33619	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes 💢 No
9. Name and Address of Curren	i Registered Agent		10. Name and Address of New Re	gistered Agent
0.5.		61 Name		
C.F. W 1N60		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
1923 N. 60#ST. Suite	. B			
	• • ==	63		
TAMPA, R. 33619		84 City	, , , , , , , , , , , , , , , , , , , ,	85 Zip Code
• • •				FL
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the p	ourpose of changing its register
 office or registered agent, or both, in the state agent. I am familiar with, and accept the obliga- 	ations of, Section 607.0505, Flor	ida Statutes.	tion's board of directors. Thereby acce	britis appointment as registeres
GNATURE				
Signar are type-flor printed name of registered age		Registered Agent signature requi		DATE
	D DIRECTORS	13.	red when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
OFFICERS AN		13. 1.1 file		
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14. Fee hercey certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. 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; the Fam 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 changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/97

813.626.5809

Daytme Phone #