

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

039508

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90127 020 ***150.00

DOCUMENT # V45896

1. Corporation Name

TAMPA WHOLESALE NEON, INC.

Principal Place of Business

**1923 N. 60TH ST.
TAMPA FL 33619
US**

Mailing Address

**PO BOX 79086
TAMPA FL 33619
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1992

4. FEI Number

59-3147887

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip **25** Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip **30** Country

29

9. Name and Address of Current Registered Agent

**WINGO, C F
1923 N. 60TH ST.
TAMPA FL 33619**

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

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

(NOTE: Re-registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WINGO, C F**
STREET ADDRESS **1923 N. 60TH ST.**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **PD** ☐ DELETE

NAME **HENLEY, DEBORAH**
STREET ADDRESS **P.O. BOX 16174 N/A**
CITY-ST-ZIP **TAMPA FL 33687**

TITLE **D** ☐ DELETE

NAME **WINGO, JAMES C**
STREET ADDRESS **4708 E. SEWARD**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **S** ☐ DELETE

NAME **WINGO, SHARON**
STREET ADDRESS **4708 E. SEWARD**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (11/98)