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 MAY -1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48859** **(5)**

1. Corporation Name
TAMPA BAY BUCCANEERS, INC.

Principal Place of Business: ONE BUCCANEER PLACE, TAMPA FL 33607

Mailing Address: ONE BUCCANEER PLACE, TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0349041 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STORY, STEPHEN F
1408 N WESTSHORE BLVD
SUITE 908
TAMPA FL 33607

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CULVERHOUSE, GAY
STREET ADDRESS	1408 NORTH WESTSHORE, #908
CITY-ST-ZIP	TAMPA FL 33607
TITLE	VDAS
NAME	STORY, STEPHEN F
STREET ADDRESS	1408 NORTH WESTSHORE, #908
CITY-ST-ZIP	TAMPA FL 33607
TITLE	AST
NAME	CAPPELLO, VALERIE G
STREET ADDRESS	1408 NORTH WESTSHORE, #908
CITY-ST-ZIP	TAMPA FL 33607
TITLE	VPDS
NAME	MCKAY, RICHARD J
STREET ADDRESS	1408 N WESTSHORE BLVD 908
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☒ Change ☐ Addition
12 NAME	DONLAN, JOHN M.	
13 STREET ADDRESS	1408 NORTH WESTSHORE BLVD., SUITE 908	
14 CITY-ST-ZIP	TAMPA, FLORIDA 33607	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	CONE, FRED M., JR.	
23 STREET ADDRESS	225 WATER STREET, SUITE 1235	
24 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32202	
31 TITLE	P/S/T/D	☒ Change ☐ Addition
32 NAME	STORY, STEPHEN F.	
33 STREET ADDRESS	1408 NORTH WESTSHORE BLVD., SUITE 908	
34 CITY-ST-ZIP	TAMPA, FLORIDA 33607	
41 TITLE	V	☒ Change ☐ Addition
42 NAME	MCKAY, RICHARD J.	
43 STREET ADDRESS	1408 NORTH WESTSHORE BLVD., SUITE 908	
44 CITY-ST-ZIP	TAMPA, FLORIDA 33607	
51 TITLE	AS	☒ Change ☐ Addition
52 NAME	CAPPELLO, VALARIE G.	
53 STREET ADDRESS	1408 NORTH WESTSHORE BLVD., SUITE 908	
54 CITY-ST-ZIP	TAMPA, FLORIDA 33607	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 the 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: Vali G Cappello 4-18-95 (813) 287-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VALARIE G. CAPPELLO

0292908 CP