

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G84490** (3)

1. Corporation Name
TAMPA TUBE CONTAINERS, INC.



Principal Place of Business: % VICTOR J. BOLSA, 3620 FAIR OAKS AVE., TAMPA FL 33611 US
Mailing Address: % VICTOR J. BOLSA, 3620 FAIR OAKS AVE., TAMPA FL 33611 US

3. Date Incorporated or Qualified: **02/13/1984**
3a. Date of Last Report: **03/03/1995**
4. FEI Number: **59-2380822**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: **BOLSA, VICTOR J. 5202 S. LOIS AVE. TAMPA FL 33611**
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.
Signature: *Victor J. Bolsa* Date: **7/00/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	BOLSA, MARIANO 5202 S. LOIS AVE. TAMPA FL	<input checked="" type="checkbox"/> DELETE	1. TITLE: President 12. NAME: Victor J. Bolsa 13. STREET ADDRESS: 5000 S. Lois Ave 14. CITY-ST-ZIP: Tampa FL 33611
TITLE: PD	BOLSA, MARIA M. 5202 S. LOIS AVE. TAMPA FL	<input checked="" type="checkbox"/> DELETE	2. TITLE: Vice President 22. NAME: Victor J. Bolsa 23. STREET ADDRESS: 5202 S. Lois Ave 24. CITY-ST-ZIP: Tampa, FL 33611
TITLE: S	BOLSA, VICTOR J. 5202 S. LOIS AVE. TAMPA FL	<input type="checkbox"/> DELETE	3. 1. TITLE: 32. NAME: 33. STREET ADDRESS: 34. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD	BOLSA, VICTOR J. 5202 S. LOIS AVE. TAMPA FL	<input type="checkbox"/> DELETE	4. 1. TITLE: 42. NAME: 43. STREET ADDRESS: 44. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		<input type="checkbox"/> DELETE	5. 1. TITLE: 52. NAME: 53. STREET ADDRESS: 54. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		<input type="checkbox"/> DELETE	6. 1. TITLE: 62. NAME: 63. STREET ADDRESS: 64. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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: *Victor J. Bolsa* VICTOR J. BOLSA Date: **7/00/96** (813) 835-8828

CR2E034 (12/95)