

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:01

DOCUMENT # **738301** (1)

1. Corporation Name
TAMPA CROSSROADS, INC.

Principal Place of Business Mailing Address
202 W COLUMBUS DRIVE TAMPA FL 33602 **P O BOX 172537 TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1977	3a. Date of Last Report 06/28/1994
4. FEI Number 59-1743719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 5120 N. NEBRASKA AVE
22. City & State	27. City & State
23. Zip	28. TAMPA FL
24. Country	29. USA

9. Name and Address of Current Registered Agent

**KANE, MARK
702 N FRANKLIN ST
TAMPA FL 33612**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BONNEY, WILLIAM DR
STREET ADDRESS	1105 SWANN AVE
CITY - ST - ZIP	TAMPA FL
TITLE	DS
NAME	EDGE, LINDA
STREET ADDRESS	4808 LONGFELLOW AVE
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	VPO
NAME	JORDAN, PAM
STREET ADDRESS	777 S HARBOR ISL BLVD STE 780
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	TD
NAME	KANE, MARK
STREET ADDRESS	702 N FRANKLIN ST STET.
CITY - ST - ZIP	TAMPA FL
TITLE	PCEO
NAME	VARDEMAN, FRANK B
STREET ADDRESS	4612 EDDY DR
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	IMMEDIATE PAST PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	7	
44 CITY - ST - ZIP	10	
51 TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	PETER PLANT	
53 STREET ADDRESS	6 FORESTALL ROAD	
54 CITY - ST - ZIP	TAMPA FL	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or on an attached report with an address.

SIGNATURE: **PETER PLANT** **5/17/95** (813) 238-8557
Signature and typed or printed name of signing officer or director