SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

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

09-16-1999 90003 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N41355

1. Corporation Name

TAMPA BAY TREASURY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21525 TAMPA FL 33622 US	P.O. BOX 21525 TAMPA FL 33622 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/19/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2417950 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DURFEE, DAVID
10302 CARROLL SHORES PLACE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name Debra Skipper
82 Street Address (P.O. Box Number is Not Acceptable) 360 Central Avenue
83 ~~St. Petersburg FL~~
84 City St. Petersburg FL 85 Zip Code 33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] Debra R. SKIPPER DATE 9/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	SILVER, JANENE		1.2 NAME	Morris, Robert	
STREET ADDRESS	ONE PROGRESS PLAZA		1.3 STREET ADDRESS	1501 72nd ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33733		1.4 CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	DT	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	WINSLOW, STEPHEN		2.2 NAME	Skipper, Debra	
STREET ADDRESS	8333 BRYAN DAIRY RD.		2.3 STREET ADDRESS	360 Central Ave	
CITY-ST-ZIP	LARGO FL 33777		2.4 CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE	DS	☒ DELETE	3.1 TITLE	DV	☐ Change ☒ Addition
NAME	CASTORO, PAULA		3.2 NAME	DeStacio, Geraldine	
STREET ADDRESS	702 N. FRANKLIN STREET		3.3 STREET ADDRESS	201 E Kennedy Blvd #1500	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	Tampa FL 33602	
TITLE	DV	☒ DELETE	4.1 TITLE	DT	☐ Change ☒ Addition
NAME	HACKNEY, CAROL		4. 2 NAME	Ronald Whitaker	
STREET ADDRESS	5350 TECH DATA DRIVE		4.3 STREET ADDRESS	950 Carillon Parkway	
CITY-ST-ZIP	CLEARWATER FL 33760		4.4 CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 617, 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] Robert Morris 8/29/99 727 302 2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #