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

PROFIT CONFORMATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000066891 (8)

203 MARION STREET, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

22

Principal Place of Business	Mailing Address
803 Marion Street	203 MARION STREET
Tampa FL 33602	TAMPA FL 33602-4914

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 16 1997 8:00am Secretary of State

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3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

59-339626

5. Certificate of Status Desired

08/07/1996

4. FEI Number

City & State	0		City & State				6. Election Campaign Financing	_	٦	\$5.00	
23		28	1.——	ı			Trust Fund Contribution	<u>_</u>	,]	Added 1	
Žip	Country	-	Zφ		intry		8. This corporation has liability for				. 199.032,
24	25 9. Name and Address of Current	29	J	30	Γ		Florida Statutes 10. Name and Address of New		es .		
		HON	istered Agent	· - · · · · · · · · · · · · · · · · · ·	81	Name	10. Name and Address of New	ichis:	OLDU AS	Join	
	D, JAMES M ESO.						rick J.P. Gillis	z			j
201 NORTH FRANKLIN STREET ONE TAMPA CITY CENTER, STE. 2600							rick J.P. Gilliess (P.O. Box Number is Not Accep				
						203	North Marion Sti	.ee	t		
IAM	IPA FL 33602				83						1
	•				84	City				85 Zip (Code
44 Ourquant	to the proviolent of Postions 607 0603	ond	CO7 1500 Florido Statut	oo the e		ave become	mpa	0 0 00	FL	33	602
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m (amiliar with, and accept the obliga	anu Eloi	ritia Such change was a	es, mo a authorize	d by	the corporati	on's board of directors. I hereby acc	s purp cept th	ie appoi	nanging it ntment as	registered
agent. La	m tenvilar with, and accept the obligat	ions	ol. Rection 617,0505, Flo	orida Sta	tutes			ٔ مر	۱۵۱	^-	
SIGNATURE	Signature, and or printed name of registerorage.) Lend til	Uo Cable (NO)	F Floriblese	d Ane	nt s onature too iiro	id whon reinstating)	5.,	1,	~1	
12.	OFFICERS AND			13.	- Origin	or or ground require	ADDITIONS/CHANGES TO OF	FICER	S AND E	IRECTOR	S IN 12
TITLE	President		DELETE	1.1.1	1LE	T				Change	Addition
NAME	Roderick J.P. G	11	lis	1.2 N	AME						
STREET ADDRESS	203 North Mario			1.3 \$	REET	ADDRESS					1
CITY-ST-ZIP	Tampa, FL 3360		501000	1.4 CI	1 7 -81	1-ZIP					Í
TITLE	Vice President		DELETE	2.1 TI					T	Change	Addition
NAME	Ronald A. Oxtal			2.2 N	AME						
STREET ADDRESS	203 North Mario		Stroot	235	IREET	ADDRESS					
CITY-ST-ZIP	Tampa, FL 3360			2,40	11 Y - S	1-2IP					
TITLE	Secretary		☐ DELETE-	3 1 70	1LF				L	Change	Addition
NAME	Haynes H. Hendr	÷		3.2 N	AME						
STREET ADDRESS	203 North Mario		Stroot	3 3 S	TREET	address					
CITY-\$1-ZIP	Tampa, FL 3360			34.0	ITY-S	1-21P					
TITLE	10mpa, 11 3500	_	☐ DELETE	411	1LE	ŀ			L] Change	Addition
NAME				4 2 N	IAME						
STREET ADDRESS				43 S	TREFT	ADDRESS					
CITY-ST-ZIP					11Y-S	1-ZIP			-		
TITLE			DELETE	5.1 TI					L.	Change	Addition
NAME				, 5.2 N							
STREET ADDRESS				5.3 \$	IREE 1.	ADDRESS					
CITY-ST-ZIP					1Y - \$1	1-7IP				٦	
TITLE			DELETE	6.1 1					L	_) Change	Addition
NAME				6.2 N							ļ
STREET ADDRESS						ADDRESS					
CITY-SI-ZIP	by certify that the information supplied	suith-	this filing dose not quali	640			in Caption 110 07/2V(). Florida State	iton I	further c	orlifu that	tha
Informatio	n Indicated on this annual report or su	pple	mental annual report is t	rue and a	accu	rate and that	my signature shall have the same le	gal eff	fect as if	l made une	der oath; that
l am an o' appears i	fficer or director of the corporation or to in Block 12 or Block 13 if changed, or	ne re on ar	ceiver or trustee empow nattachment with an add	rered to d	XOC	ute this report	as required by Chapter 607, Florid		/tes; and	I that my r	name